

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000091873**

1. Entity Name  
**COMMONS AT NORTH PALM, LLC**



Principal Place of Business

**2401 PGA BLVD.  
110  
PALM BEACH GARDENS, FL 33410**

Mailing Address

**2401 PGA BLVD.  
110  
PALM BEACH GARDENS, FL 33410**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5582330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, F. MARTIN  
2401 PGA BLVD.  
110  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

|                |                              |
|----------------|------------------------------|
| TITLE          | MGRM                         |
| NAME           | PERRY, F. MARTIN             |
| STREET ADDRESS | 2401 PGA BLVD., #110         |
| CITY-STATE-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-STATE-ZIP |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-STATE-ZIP |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-STATE-ZIP |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-STATE-ZIP |                              |

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01/30/08-80089-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1.24.08 (501) 721.3300**