

FILED
May 18, 2007 8:00 am
Secretary of State

04-30-2007 90077 031 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000097089					
1. Entity Name APOGEE AT DELRAY BEACH, LLC					
Principal Place of Business 3600 S. CONGRESS AVENUE SUITE D BOYNTON BEACH, FL 33426			Mailing Address 3600 S. CONGRESS AVENUE SUITE D BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		FEI Number 20-5662443	
Zip		Country		City & State	
Zip		Country		City & State	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENDERSON, REBECCA L ESQ. 2005 VISTA PARKWAY SUITE 111 WEST PALM BEACH, FL 33411				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLATZ, CHRISTOPHER T 3600 S. CONGRESS AVENUE BOYNTON BEACH, FL 33426 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					