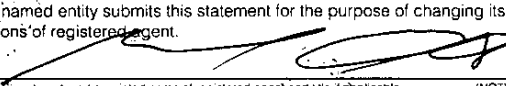
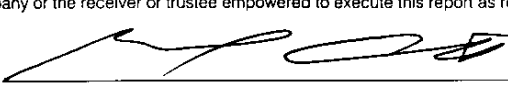


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90053 002 ****50.00

DOCUMENT # L06000102490 1. Entity Name ALBANY TOWERS - ARSENAULT, LLC					
Principal Place of Business 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401			Mailing Address 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 267-17-6887	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAY, PETER R 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Gerard Arsenault Street Address (P.O. Box Number is Not Acceptable) 800 N. Flagler Drive City West Palm Beach FL 33401	
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  DATE 1/15/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	☐ Delete			
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:  DATE 1/15/07 (561) 655-3113 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60005649



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