


# 2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90039 003 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L06000109365</b>                                     |  |
| 1. Entity Name<br><b>COUNTER OFFER SOUTHERN PALM CROSSING, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>136 MERRIMACK WAY<br/>JUPITER FL 33458</b> | Mailing Address<br><b>136 MERRIMACK WAY<br/>JUPITER FL 33458</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

1st MOORE CR2E083 (10/06)

|  |  |  |  |  |
|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>INTRASTATE REGISTERED AGENT CORPORATION<br/>701 BRICKELL AVENUE, SUITE 3000<br/>MIAMI FL 33131</b> |  | 4. FEI Number<br><b>20-8375292</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |  |
|  |  | 7. Name and Address of New Registered Agent  |  |  |
|  |  | Name<br><b>MARK KAUFMAN</b>  |  |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>101 SAN MARITA WAY</b>          |  |  |
|  |  | City<br><b>Palm Beach Gardens</b> FL Zip Code<br><b>33418</b>                            |  |  |

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 *Mark Kaufman* **mark KAUFMAN** DATE **3/14/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>managing member MGRM</b> <input type="checkbox"/> Delete<br><b>Julia S. Kaufman Trust</b><br><b>Julia S. Kaufman Trustee</b><br><b>101 SAN MARITA WAY Palm Beach Gardens</b><br><b>FL 33418</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>managing member MGRM</b> <input type="checkbox"/> Delete<br><b>Lexi Vicens</b><br><b>136 merrimack way</b><br><b>Jupiter FL 33458</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Julia S. Kaufman Trustee* **3/14/07 561-775-1980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #