## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000015241

Address:

City-St-Zip:

Entity Name: LANTANA ROAD PROP LLC

FILED Jan 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 225 PERUVIAN AVENUE 201 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** PO BOX 2465 PALM BEACH, FL 33480 FEI Number: 26-0668296 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDMAN, PATRICIA 225 PERUVIAN AVENUE 201 PALM BEACH, FL 33480 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition WALDMAN, TRICIA PATRICIA WARD WALDMA, N ENTITY TRUST Name: Name: Address: 225 PERUVIAN AVENUE, SUITE 201 Address: 225 PERUVIAN AVENUE, SUITE 201 City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: JAMES J. WARD, III R, EVOCABLE TRUST Address: Address: 225 PERUVIAN AVENUE, SUITE 201 City-St-Zip: City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: MGR ( ) Change (X) Addition AARON EVERETT WALDMA, N REVOCABLE TR U ST Name: Name: 225 PERUVIAN AVENUE, SUITE 201 Address: Address: City-St-Zip: City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: EVERETT JAMES WALDMA, N REVOCABLE TR U ST

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

225 PERUVIAN AVENUE, SUITE 201

PALM BEACH, FL 33480

SIGNATURE: PATRICIA WARD WALDMAN MGR 01/17/2008