

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-18-2008 901.59 034 ***138.75

L07000051465

FILED

08 MAY 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L07000051465		
1. Entity Name ROYAL PALM CENTER C, L.L.C.		

Principal Place of Business ATTN: MR. WILLIAM WIENER 2000 N. OCEAN BLVD., APT. 501 BOCA RATON, FL 33431	Mailing Address ATTN: MR. WILLIAM WIENER 2000 N. OCEAN BLVD., APT. 501 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 500 East Broward Boulevard	3. Mailing Address 500 East Broward Boulevard
Suite, Apt. #, etc. Suite 1950	Suite, Apt. #, etc. Suite 1950
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33394	Country USA

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William A. Wiener 500 E. Broward Blvd., Suite 1950 Fort Lauderdale, FL 33394	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 #

4/14/08