

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90159 038 ***138.75

DOCUMENT # L07000067819

1. Entity Name
ROYAL PALM BEACH BLVD, L.L.C.



Principal Place of Business

ATTN: WILLIAM WIENER
2000 N. OCEAN BLVD., APT. 501
BOCA RATON, FL 33431

Mailing Address

ATTN: WILLIAM WIENER
2000 N. OCEAN BLVD., APT. 501
BOCA RATON, FL 33431

50004833



2. Principal Place of Business - No P.O. Box #

500 East Broward Boulevard

3. Mailing Address

500 East Broward Boulevard

04082008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite 1950

Suite, Apt. #, etc.

Suite 1950

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33394

Country

USA

Zip

33394

Country

USA

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**

7. Name and Address of New Registered Agent

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

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

TITLE **MGR** ☐ Delete
NAME **William A. Wiener**
STREET ADDRESS **500 E. Broward Blvd., Suite 1950**
CITY-ST-ZIP **Fort Lauderdale, FL 33394**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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