

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117952

FILED
Apr 22, 2008
Secretary of State

Entity Name: ATTORNEYS WEST PALM BEACH REALTY, LLC

Current Principal Place of Business:

5589 OKEECHOBEE BOULEVARD
SUITE 103
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5589 OKEECHOBEE BOULEVARD
SUITE 103
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 61-1546134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEESMAN, MAXINE D
5589 OKEECHOBEE BOULEVARD
SUITE 103
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: VARNER, ESTELLE L
Address: 5589 OKEECHOBEE BOULEVARD #103
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM () Delete
Name: CHEESMAN, MAXINE D
Address: 5589 OKEECHOBEE BOULEVARD #103
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGR () Delete
Name: ABATE, MICHAEL F
Address: 11420 U.S. HIGHWAY 1 #116
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ESTELLE L VARNER

MGR

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date