

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082006

**Entity Name:** LOXAHATCHEE LIMES, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNELL, BRIAN M ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 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: MGR  
Name: O'CONNELL, BRIAN M ESQ  
Address: 515 NORTH FLAGLER DRIVE 20TH FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby 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: BRIAN M. O'CONNELL, ESQ.

MGR

04/18/2012

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