

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90165 039 \*\*\*\*\*55.00

**DOCUMENT # L97000000486**

1. Entity Name

LAKE WORTH MERCHANDISE MART, L.C.



Principal Place of Business

3605 S. OCEAN BLVD.  
324C  
PALM BEACH FL 33480

Mailing Address

225 BROADWAY  
SUITE 715  
NEW YORK NY 10007



2. Principal Place of Business

3450 S. Ocean Blvd  
#717

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Palm Beach, FL

City & State

4. FEI Number

22-3510353

Applied For

Not Applicable

Zip

33480

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TACHMES, ALEXANDER I ESQ.  
2 SOUTH BISCAYNE BLVD.  
STE 2630  
MIAMI FL 33131

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

*Robert K. Wechsler*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/28/06

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WECHSLER, ROBERT K  
STREET ADDRESS 3605 S. OCEAN BLVD., #324 C  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGRM ☐ Delete  
NAME WINNINGHAM, STEPHEN M  
STREET ADDRESS 625 ROUND HILL ROAD  
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3450 S. Ocean Blvd #717  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 06831

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert K. Wechsler*  
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

1/28/06

Daytime Phone #

212 267 8283