

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000722**

1. Entity Name

JERRY'S ARTARAMA WEST PALM BEACH, LC



Principal Place of Business

2601-12 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415

Mailing Address

ATTN: ACCOUNTING DEPT.  
PO BOX 58638-WPB  
RALEIGH, NC 27658



03032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0850206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, JERRY  
7579 IMPERIAL DRIVE  
BOCA RATON, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JERRY'S ARTARAMA SOUTH, INC.
STREET ADDRESS	270 SOUTH FEDERAL HIGHWAY
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	GOLDSTEIN, JERRY
STREET ADDRESS	7579 IMPERIAL DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000007460838  
03/20/06-80026-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 603, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/3/06 919-878-6782