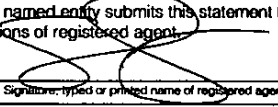
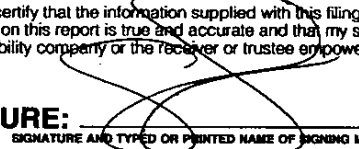


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 017 ****55.00

DOCUMENT # L98000001639 1. Entity Name THE VAN SANTEN FAMILY, L.C.					
Principal Place of Business 588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408			Mailing Address 588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408		
2. Principal Place of Business 735 Hummingbird way Suite, Apt. #, etc. # 201		3. Mailing Address 737 Hummingbird Suite, Apt. #, etc. # 11			
City & State North Palm Beach		City & State North Palm Beach			
Zip 33408		Country USA		Zip 33408	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PEKOE, NANCY 588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Stacy L. Van Santen Street Address (P.O. Box Number is Not Acceptable) 735 Hummingbird way #201 City North Palm Beach FL Zip Code 33408		
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  DATE 7.20.05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEKOE, NANCY 588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stacy Van Santen 735 Hummingbird way #201 North Palm Beach, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			7.20.05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		