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	Mailing Address
588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408	588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408

07152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
735 Hummingbird way		737 Hummingbird	
Suite, Apt. #, etc. #201		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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEKOE, NANCY 588 ANCHORAGE DRIVE N. PALM BEACH, FL 33408	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 [signature] 7.20.05
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 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	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stacy Van Santen 735 Hummingbird way #201 North Palm Beach, FL 33408	☒ 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
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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: [signature] 7.20.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #