## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 06, 2006 8:00 am Secretary of State DOCUMENT # L99000001393 1. Entity Name 04-06-2006 90300 037 \*\*\*\*50.00 FRANKEL PARTNERS, L.C. Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD JUPITER FL 33477 200 ADMIRALS COVE BLVD JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 3901 PGA BLVD. 3901 PGA BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) SUITE City & State Applied For 65-0902159 PALM BEACH GARDENS Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 33 410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMAN, SHERRY L Street Address (P.O. Box Number is Not Acceptable) 200 ADMIRALS COVE BLVD JUPITER FL 33477 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 age 2-2-06 SIGNATURE (NOTE: Hegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 . \*. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE **MGRM** Delete TITLE ⚠ Change Addition NAME NAME FRANKEL, BENJAMIN 3801 PER BLUD .- SUITE 107 STREET ADDRESS 200 ADMIRALS COVE BLVD STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE TITLE MGRM NAME FRANKEL, THOMAS NAME 3901 PGA BLUD, - SUITE 107 STREET ADDRESS STREET ADDRESS 200 ADMIRALS COVE BLVD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Detete TITEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

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

NAME

STREET ADDRESS CITY-ST-ZIP

> 2.2.06 561-744-70 Date Davisme Phone #

**FILED**