

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90094 016 ****50.00

DOCUMENT # L99000008861

1. Entity Name
151 PROPERTIES, L.L.C.



Principal Place of Business
151 N.W. FIRST AVENUE
DELRAY BEACH, FL 33444

Mailing Address
151 N.W. FIRST AVENUE
DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0971197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDERSPIEL, ROBERT W
151 N.W. FIRST AVENUE
DELRAY BEACH, FL 33444

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME FEDERSPIEL, ROBERT W
STREET ADDRESS 3691 LONE PINE ROAD
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM ☐ Delete
NAME FEDERSPIEL, CYNTHIA A
STREET ADDRESS 3691 LONE PINE ROAD
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM ☐ Delete
NAME DITTMAN, ROBERT A
STREET ADDRESS 925 ORCHID LAND
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE MGRM ☐ Delete
NAME DITTMAN, JOYCE O
STREET ADDRESS 925 ORCHID LANE
CITY-ST-ZIP GULF STREAM, FL 33483

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-30-2006