

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000619

1. Entity Name
PYRAMID GP LLC



Principal Place of Business

**777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401**

Mailing Address

**777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401**



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SHEWALTER, WILLIAM A
777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401**

**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, 2006**

**U00000548914
05/12/06-80083-013 55.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GOODMAN PROPERTIES, INC.
STREET ADDRESS	777 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MEM
NAME	FCC PARTNERS LP, LTD.
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 1101E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 608, Florida Statutes.

SIGNATURE: *William A. Shewalter* **Goodman Properties Inc. manager**

April 27, 2006

561-833-3777

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

Date

Daytime Phone #

William A. Shewalter, Vice President