

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90094 001 ***150.00

DOCUMENT # M01000000414	
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Principal Place of Business 99 SE MIZNER BLVD. 120 BOCA RATON, FL 33432	Mailing Address 99 SE MIZNER BLVD. 120 BOCA RATON, FL 33432
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30006506



2. Principal Place of Business 900 East Atlantic Avenue Suite #13 Delray Beach, FL 33483	3. Mailing Address 900 East Atlantic Avenue Suite #13 Delray Beach, FL 33483
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04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1078989	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, WILLIAM 99 SE MIZNER BLVD. SUITE 922 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address Suite #13 City Delray Beach, FL 33483
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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: _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS PALMETTO CORP. 99 SOUTHEAST MIZNER BOULEVARD #922 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 900 East Atlantic Avenue Suite #13 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Morris*

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

4/26/06 561-265-1390

Date Daytime Phone #