


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 10:24

<b>DOCUMENT # M01000000981</b>			
1. Entity Name ROYAL POINCIANA SOUTH, LLC			
Principal Place of Business 333 SUNSET AVENUE PALM BEACH FL 33480		Mailing Address 333 SUNSET AVENUE PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-1156825	Applied For Not Applied
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
PERGAMENT, ROBERT 333 SUNSET AVENUE PALM BEACH FL 33480		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PERGAMENT, MURRAY	<i>DEC'D</i>	NAME		
STREET ADDRESS	1500 OLD NORTHERN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ROSLYN NY 11576		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PERGAMENT, ROBERT		NAME		
STREET ADDRESS	333 SUNSET AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH FL 33480		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 and I have read and understand this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROBERT PERGAMENT *[Signature]* 9/7/05 (561) 654-3131  
SIGNATURE OF: \_\_\_\_\_ DATE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE