2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000002995

1. Entity Name

CITY-ST-ZIP

PALM BEACH PARK CENTRE 3 LLC



Principal Place of Business

Mailing Address

15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90836 001 ***350.00

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01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5:00 Additional

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

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			,	*	**	
	named entity submits this statement for the purpose of charitions of registered agent.	nging its registered	office or registered a	gent, or both, in the State	of Florida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Recistered Ad	ent signature required when	reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELLER, MELVIN 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038		,			٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4	***************************************	# 8.1
TITLE NAME STREET ADDRESS						

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 pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE