## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **Secretary of State** 02-27-2006 90836 001 \*\*\*350.00 DOCUMENT # M02000002996 1. Entity Name PALM BEACH PARK CENTRE 5 LLC Principal Place of Business Mailing Address 15 MAIDEN LANE, SUITE 1300 15 MAIDEN LANE, SUITE 1300 30001377 NEW YORK, NY 10038 NEW YORK, NY 10038 01122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number ··-13-3381442 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \_\_ [ والمتعارف والمتعارض والمتع Fee Required 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS TITLE MGRM HELLER, MELVIN NAME STREET ADDRESS 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038 CITY-ST-7tP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-7P IN THIS SPACE NAME STREET ADDRESS CCTY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

FILED Feb 27, 2006 8:00 am

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.

TITLE NAME STREET ADDRESS

SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE