

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90187 033 \*\*\*\*50.00

**DOCUMENT # M04000004836**

1. Entity Name  
**SUBURBAN OF PALM BEACH, LLC**



Principal Place of Business  
**1795 MAPLELAWN DR  
TROY, MI 48084**

Mailing Address  
**1795 MAPLELAWN DR  
TROY, MI 48084**

**20066956**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 909**

Suite, Apt. #, etc.

City & State  
**Troy, MI**

Zip  
**48099**

Country  
**US**

08082005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**APPLIED FOR 20-1875489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVE., SUITE 1000 (JGH)  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

**Dennis Charrette**

Street Address (P.O. Box Number is Not Acceptable)

**5544 Okeechobee Blvd**

City

**West Palm Beach**

**FL**

Zip Code  
**33417**

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

*Dennis Charrette*

**Dennis Charrette, General Manager**

**08/08/05**

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FISCHER, DAVID T  
1795 MAPLELAWN DRIVE  
TROY, MI 48084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Suburban Equities, Inc.  
1795 Maplelawn Drive  
Troy, MI 48084** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Timothy J. LeRoy*

**Timothy J. LeRoy**

**08/08/05**

**(248) 519-9888**

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

Date

Daytime Phone #