

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90004 038 \*\*\*\*50.00

**DOCUMENT # M05000000062**

1. Entity Name  
**PREDATOR CAPITAL MANAGEMENT LLC**



Principal Place of Business  
**2401 PGA BLVD. SUITE 146  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2401 PGA BLVD. SUITE 146  
PALM BEACH GARDENS, FL 33410**



02082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0351266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AGARWAL, ANUJ  
2401 PGA BLVD. SUITE 146  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**21 Feb 06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	AGARWAL, ANUJ
STREET ADDRESS	<del>641 LEXINGTON AVENUE, 26TH FLOOR</del> <b>2401 PGA BLVD</b>
CITY- ST- ZIP	<del>NEW YORK, NY 10023</del> <b>SUITE 146</b>
	<b>PALM BEACH</b>
	<b>GARDENS, FL</b>
	<b>33410</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

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

Date

Daytime Phone #

**JOEL WACHS, MEMBER**

**21 FEB 06 (561) 514-**

**6926**