

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000002403**

1. Entity Name  
**ARDENT MANAGEMENT, LLC**



Principal Place of Business

**1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**

Mailing Address

**1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**



04212006 No Chg-LLC

CR2E0B3 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2651087**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAPES, PAUL  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**

**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 rotating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MEYER, SYDELLE  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MEYER, WILLIAM  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ASARCH, GAIL  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000541377  
05/10/06-80056-019 50.00

**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 or the receiver 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

**4/24/06**

Date

**561/689-6601**

Daytime Phone #