

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001125

1. Entity Name
JULIE A. HEBERLEIN, L.L.C.



Principal Place of Business
**P.O. BOX 789
WEST PALM BEACH, FL 33480**

Mailing Address
**PO BOX 789
PALM BEACH, FL 33480**



02122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3315444

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REVELEY, ROBERT J
200 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480**

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEBERLEIN, JULIE A
200 S. OCEAN BLVD., PO BOX 789
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REVELEY, ROBERT
200 S. OCEAN BLVD.
PALM BEACH, FL 33480**

TITLE
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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000434328
02/24/06-80059-017 55.00

**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 606, Florida Statutes.

SIGNATURE:

Robert J Reveley

Robert J Reveley

2.12.06

833-4749

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

Date

Daytime Phone #