

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90346 023 \*\*\*\*50.00



**DOCUMENT # L00000000251**  
 1. Entity Name  
**PALMETTO CAPITAL FUND L.C.**

Principal Place of Business  
**3845 WINDMILL LAKES RD  
 WESTON, FL 33332**

Mailing Address  
**900 N FEDERAL HWY  
 #160  
 BOCA RATON, FL 33432**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3132 NW 63<sup>RD</sup> ST**  
 Suite, Apt. #, etc.

03062004 Chg-LLC CR2E083 (10/03)

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0969229**

Applied For  
 Not Applicable

Zip  
**33496**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

**GRASSANO, N. RICHARD  
 3132 NW 63RD ST  
 BOCA RATON, FL 33496**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MELEIS, HANAFY 3845 WINDMILL LAKES RD WESTON, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Hanafy Meleis* **3/29/04** **954-649-2691**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #