

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90059 021 \*\*\*\*55.00

DOCUMENT # L0000008176



1. Entity Name  
**PALM BEACH PARTNERS, L.C.**

Principal Place of Business: 357 HIATT DR., SUITE A, PALM BEACH GARDENS FL 33418  
 Mailing Address: 357 HIATT DR., SUITE A, PALM BEACH GARDENS FL 33418

19064000



MOORE CR2E083 (11/03)

2. Principal Place of Business: 8895 N. Military Trail, Suite 101B  
 3. Mailing Address: 8895 N. Military Trail, Suite 101B

City & State: Palm Beach Gardens, FL  
 Zip: 33410, Country: Palm Beach

4. FEI Number: 65-1049964  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ECCLESTONE, E. LLWYD III**  
 357 HYATT DR., SUITE A  
 PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent  
 Name: **Ecclestone, Llwyd E. III**  
 Street Address: 8895 N. Military Trail, Suite 101 B  
 City: Palm Beach Gardens, FL, Zip Code: 33410

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]* DATE: 6/18/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: THREE DEVELOPMENT COMPANY STREET ADDRESS: 357 HIATT DR., SUITE A CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE: MGRM NAME: MARTIN, ROBERT B STREET ADDRESS: 4700 RIVERSIDE DR., SUITE 100 CITY-ST-ZIP: PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: Three Development Company STREET ADDRESS: 8895 N. Military Trail, 101B CITY-ST-ZIP: Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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)(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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/18/04 (561) 627-1270  
 Date Daytime Phone #