


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90332 019 ****50.00

DOCUMENT # L02000021791

1. Entity Name
COMO PROPERTIES, LLC



Principal Place of Business
**1645 PALM BEACH LAKES BLVD., SUITE 250
 WEST PALM BEACH, FL 33401**

Mailing Address
**1645 PALM BEACH LAKES BLVD., SUITE 250
 WEST PALM BEACH, FL 33401**

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
43-1971573

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD., SUITE 250
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
2925 PGA Blvd, Suite 200

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 _____ (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	MGRM RICCI, EDWARD M 19670 LOXAHATCHEE RIVER RD JUPITER, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCI, MARY E 19670 LOXAHATCHEE RIVER JUPITER, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEOPOLD, THEODORE J. 85 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEOPOLD, ROSLYN 85 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASS, BRIAN 2165 RADNOR RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASS, ANDREA 2165 RADNOR RD NORTH PALM BEACH, FL 33408	<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
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
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)(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:  **Edward M Ricci** 4-7-04 561-684-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #