


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90226 046 ****50.00

DOCUMENT # L02000026978		
1. Entity Name 2655 PROPERTIES, LLC		

Principal Place of Business 319 CLEMATIS ST., STE. 702 WEST PALM BEACH, FL 33401	Mailing Address 319 CLEMATIS ST., STE. 702 WEST PALM BEACH, FL 33401
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24016705

2. Principal Place of Business 2655 Ocean Blvd Suite, Apt. #, etc. 400 City & State W Palm Beach, FL Zip 33404 Country USA	3. Mailing Address 3540 Forest Hill Blvd Suite, Apt. #, etc. 203 City & State W Palm Beach, FL Zip 33406 Country USA
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02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 20-0043587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MERRILL, S. TODD 220 SOUTH FRANKLIN ST TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Deborah A Dentry Street Address (P.O. Box Number is Not Acceptable) 3540 Forest Hill Blvd # 203 City W Palm Beach FL Zip Code 33406	
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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 <u>Deborah A Dentry</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>3/3/04</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 519 CLEMATIS ST #702 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 Ocean Blvd #400 West Palm Bch, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect Deborah Dentry 3540 Forest Hill Blvd #203 W Palm Bch, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>Deborah A Dentry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>3/3/04</u> Date	DAYTIME PHONE <u>561.4334810</u> Daytime Phone #
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