

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90011 023 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000004294

1. Entity Name
PALM BEACH INTERNATIONAL REALTY, LLC



Principal Place of Business
4343 130 AVENUE
WELLINGTON, FL 33414

Mailing Address
4343 130 AVENUE
WELLINGTON, FL 33414

20037378



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
33-1047220

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

BRITO, LEONARDO F
1001 BRICKELL BAY DRIVE, SUITE 2112
MIAMI, FL 33131

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

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME SILIGATO, JOSEPH
STREET ADDRESS 4343 130TH AVENUE S
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE MGR ☐ Delete
NAME LEONARDO BRITO
STREET ADDRESS 1001 BRICKELL BAY DR SUITE 2112
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete
NAME FRANKLIN D HOET
STREET ADDRESS 13412 57TH PL S
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE MGR ☐ Delete
NAME FRANKLIN T HOET
STREET ADDRESS 13412 57TH PL S
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04/13/05 (561) 3836793
Date Daytime Phone #