


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90038 045 \*\*\*\*50.00

**DOCUMENT # L03000029291**

1. Entity Name  
**ROYAL PALMS PROPERTIES, LLC**



Principal Place of Business  
**3801 BEE RIDGE RD, STE 12  
 SARASOTA, FL 34233**

Mailing Address  
**3801 BEE RIDGE RD, STE 12  
 SARASOTA, FL 34233**

**J400J40J**

2. Principal Place of Business  
**8705 So. Tamiami Trail**


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

City & State  
**Sarasota, FL**

City & State

Zip  
**34238** Country  
**USA**

Zip Country



03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-2543007** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, JAMES L  
 200 SOUTH ORANGE AVE  
 SARASOTA, FL 34236**

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

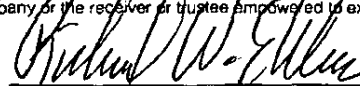
9. MANAGING MEMBERS (MANAGERS)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Tim Newby, Pres. Newby Management 3801 Bee Ridge Rd, Ste 12 Sarasota, FL 34233</b>	<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
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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

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:  Date: **3-11-04** Daytime Phone # \_\_\_\_\_

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