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Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90066 012 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001043

1. Entity Name
10 PALM LLC

Principal Place of Business	Mailing Address
10 PALM AVENUE MIAMI BEACH, FL 33139	2601 S BAYSHORE DRIVE 1600 MIAMI, FL 33133

03152003 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		c/o Villazzo, LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 119 Washington Avenue ~~Suite 502~~	
City & State		City & State Miami Beach Florida	
Zip	Country	Zip 33139	Country

4. FEI Number 65-0922280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRINZMAN, ALAN E 2601 S BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133	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] Alan E. Krinzman 6/16/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAGODZINSKI, CHRISTIAN 10 PALM AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RIDOUTT, PAUL 10 PALM AVENUE MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] Mgr Christian Jagodzinski 6/16/04 (305) 777-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #