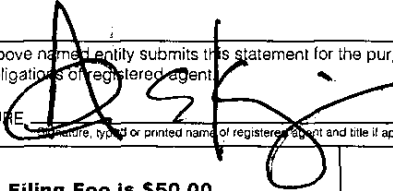
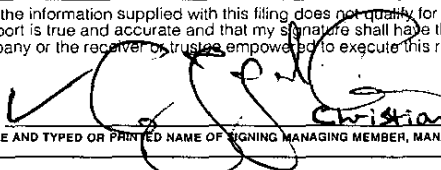


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

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

DOCUMENT # L99000001043					
1. Entity Name 10 PALM LLC					
Principal Place of Business 10 PALM AVENUE MIAMI BEACH, FL 33139		Mailing Address 2601 S BAYSHORE DRIVE 1600 MIAMI, FL 33133			
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 		Alan E. Krinzman		6/16/04	
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	MGR RIDOUTT, PAUL 10 PALM AVENUE MIAMI BEACH, FL 33139	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 		Christian Jagodzinski		6/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # (305) 777-0146	