

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003476

FILED  
Sep 24, 2009  
Secretary of State

Entity Name: 1645 WEST PALM ASSOCIATES LLC

**Current Principal Place of Business:**

C/O RFR HOLDINGS, LLC  
390 PARK AVE., 3RD FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320545  
FAIRFIELD, CT 06825

**New Mailing Address:**

FEI Number: 20-4885600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET  
SUITE 2900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALM BEACH LAKES BLVD. INVESTORS, L.P.  
Address: 390 PARK AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: MGRM ( ) Delete  
Name: ROSEN, ABY  
Address: 390 PARK AVE.  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABY ROSEN

MGRM

09/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date