2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90226 046 ****50.00

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1. Entity Name
2655 PROPERTIES, LLC

24016705

Principal Place of Business	Mailing Address
319 CLEMATIS ST., STE. 702 WEST PALM BEACH, FL 33401	319 CLEMATIS ST., STE. 702 WEST PALM BEACH, FL 33401

02242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2655 N Ocean Blvd		3540 Forest Hill Blvd	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 203	
City & State W Palm Beach. Fl		City & State W Palm Beach Fl	
Zip 33404	Country USA	Zip 33406	Country USA

4. FEI Number APPLIED FOR 20-0043587 ☐ 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
MERRILL, S. TODD 220 SOUTH FRANKLIN ST TAMPA, FL 33602	Name Deborah A Dentry Street Address (P.O. Box Number is Not Acceptable) 3540 Forest Hill Blvd #203 City W Palm Beach FL Zip Code 33406

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] Deborah A. Dentry 3/3/04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 519 CLEMATIS ST #702 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 N Ocean Blvd #400 West Palm Bch, Fl 33404	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect Deborah Dentry 3540 Forest Hill Blvd #203 W Palm Bch, Fl 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] Deborah A Dentry 3/3/04 561.433 4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #