

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034462 1. Entity Name 100% PALM BEACH LTD. CO.	
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Principal Place of Business INSURGENTES SUR 1390 COL. ACTIPAN MEXICO, DISTRITO FEDERAL, 03100	Mailing Address 6019 BOCA COLONY DR APT 214 BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 90-0113268	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

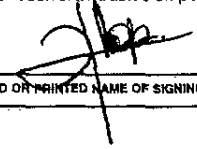
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ CANET, PEDRO SOLIS INSURGENTES SUR 1390 COL. ACTIPAN MEXICO, DISTRITO FEDERAL, 03100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRACCO, XOCHITL 122 ORCHARD ST. SUMMIT, NJ 02901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUDELO, IRIS 22 WOODSLANE SOUTHAMPTON, NY 11968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WITHAM HOLDING S.A. 7 VAL SAINTE CROIX LUXEMBOURG L-1374 LUXEMBOURG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/08/05-80001-005 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **March 03/05** **561 750 6125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #