## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000026978**

1. Entity Name 2655 PROPERTIES, LLC



Principal Place of Business

WEST PALM BEACH, FL 33404

Mailing Address

2655 N. OCEAN BLVD 400 3540 FOREST HILL BLVD

203

WEST PALM BEACH, FL 33406

FILED May 02, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04192005No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
20-0043587	 Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406

## DO NOT WRITE IN THIS SPACE

		III THIS STAGE
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg-stered Agent agnature required when rehistating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	<u>v — -                                   </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 2655 N OCEAN BLVD #400 WEST PALM BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENTRY, DEBORAH 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406	05/04/05-80021-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature sha bility company of the receiver of trustee empowered to exect	ralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ill have the same legal effect as if made under cath; that I am a managing member or manager of the tree this report as required by Chapter 608, Florida Statutes.

Sect

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMPER, OF AUTHORIZED REPRESENTATIVE