2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT# F94000002761

1. EntityName
CONFRERIEDELACHAINEDESROTISSEURS BAILLIAGEDEPALMBEACH,INC.

PrincipalPlaceofBusiness	MailingAddress
800 LINCOLN SQUARE 121 S. 13TH ST., P.O. BOX 82028 LINCOLN, NE 68501	350 ROYAL PALM WAY SUITE 403 PALM BCH, FL 33480-4308

DO NOT WRITE IN THIS SPACE

01052004 NoChg-NP CR2E037 (10/03)

4. FEINumber
22-3335680
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☑ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GORDON,LEEB
350ROYALPALMWAY#403
PALMBEACH,FL33480-4308

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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PCD
NAME	GORDON,ROBERTG
STREETADDRESS	350ROYALPALMWAY
CITY-ST-ZIP	PALMBEACH,FL
TITLE	VD
NAME	GORDON,SCOTT
STREETADDRESS	350ROYALPALMWAY
CITY-ST-ZIP	PALMBEACH,FL
TITLE	VD
NAME	BASIL,DANIELLE
STREETADDRESS	2062CEZANNEROAD
CITY-ST-ZIP	WESTPALMBEACH,FL
TITLE	VD
NAME	GOLDBERG,EUGENE
STREETADDRESS	11796MAIDSTONEDRIVE
CITY-ST-ZIP	WESTPALMBEACH,FL
TITLE	D
NAME	PONTON,DANIEL
STREETADDRESS	215PERUVIANAVE
CITY-ST-ZIP	PALMBCH,FL
TITLE	D
NAME	GORDON,ARLETTE
STREETADDRESS	980NORTHLAKEWAY
CITY-ST-ZIP	PALMBEACH,FL

U00000001764
01/12/01-80024-010 70.00

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12. Ihereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Gordon, Pres. 1/5/04 561-833-4000
NAMEANDTITLEOFTYPEOROPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#