


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000006165 1. Entity Name PALMETTO FRONTAGE, L.L.C.	
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Principal Place of Business 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146	Mailing Address 1320 S DIXIE HWY SUITE 781 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1031901	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BROWN, GARY L PHILLIPS EISINGER KOSS ROTHSTEIN & ROSEN- FELDT, P.A. 4000 HOLLYWOOD BLVD., #265 S HOLLYWOOD, FL 33021
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**DO NOT WRITE  
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.

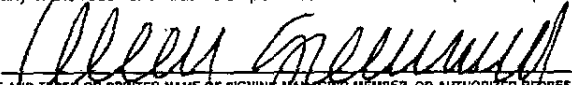
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reissuing)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	L00000006165 03/12/04-80013-022 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENWALD, ALLEN R 1320 S. DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIDE, ANTHONY 7333 CORAL WAY MIAMI, FL 33155
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**DO NOT WRITE  
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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: 	3-8-2004 305-667-4856
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>