


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90098 005 \*\*\*\*50.00

<b>DOCUMENT # L00000006514</b>	
1. Entity Name <b>THE PALLADIUM GROUP, LLC</b>	

Principal Place of Business <b>250 S AUSTRALIAN AVE SUITE 1405 WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 S AUSTRALIAN AVE SUITE 1405 WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business <b>1800 OLD OKEECHOBEE RD.</b>	3. Mailing Address <b>1800 OLD OKEECHOBEE RD.</b>
Suite, Apt. #, etc. <b>SUITE # 103</b>	Suite, Apt. #, etc. <b>SUITE # 103</b>

City & State <b>WEST PALM BEACH, FLA</b>	City & State <b>WEST PALM BEACH, FLA</b>
Zip <b>33409</b>	Zip <b>33409</b>
Country	Country



MOORE CR2E083 (11/03)

4. FEI Number <b>65-1013124</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>DAVIS, RICHARD T ESQ 250 AUSTRALIAN AVE SUITE 1601 WEST PALM BEACH FL 33401</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGR DAVIS, RICHARD T 250 AUSTRALIAN AVE STE 1601 WEST PALM BEACH FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P GIST, WILLIAM T 771 RYANWOOD DR. WEST PALM BEACH FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VP OSTASZEWSKI, HENRY 146 SPRUCE ST. BOYNTON BEACH FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PTNR TYSON, JEFFREY T PO BOX 6141 BOCA RATON FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PTNR PROVOST, ROBERT L 8166 C ANDOVER CT LAKE CLARK SHORES FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PTNR MCCUTCHEON, CHARLES 454 NE 6TH ST. BOCA RATON FL</b>	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Robert L. Provost **2-12-04** **(562) 366-9991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #