

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006514

1. Entity Name

THE PALLADIUM GROUP, LLC



Principal Place of Business

180 ROYAL PALM WAY
3RD FLOOR
PALM BEACH FL 33480

Mailing Address

180 ROYAL PALM WAY
3RD FLOOR
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, RICHARD T ESQ
250 AUSTRALIAN AVE
SUITE 1601
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAVIS, RICHARD T	
STREET ADDRESS	250 AUSTRALIAN AVE STE 1601	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIST, WILLIAM T	
STREET ADDRESS	771 RYANWOOD DR.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OSTASZEWSKI, HENRY	
STREET ADDRESS	146 SPRUCE ST.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PTNR	<input type="checkbox"/> Delete
NAME	TYSON, JEFFREY T	
STREET ADDRESS	PO BOX 6141	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PTNR	<input type="checkbox"/> Delete
NAME	PROVOST, ROBERT L	
STREET ADDRESS	8166 C ANDOVER CT	
CITY-ST-ZIP	LAKE CLARK SHORES FL	
TITLE	PTNR	<input type="checkbox"/> Delete
NAME	MCCUTCHEON, CHARLES	
STREET ADDRESS	454 NE 6TH ST.	
CITY-ST-ZIP	BOCA RATON FL	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

L000000233368
02/17/05-80027-024 50.00

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:

William T. Gist

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

Date

Daytime Phone #

2-7-05 561-366-9991