


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007199**

1. Entity Name  
**PRINCE & FIELDS, P.L.**



Principal Place of Business  
**515 N. FLAGLER DR., SUITE 1704  
 WEST PALM BEACH FL 33401**

Mailing Address  
**515 N. FLAGLER DR., SUITE 1704  
 WEST PALM BEACH FL 33401**



MOORE CR2E083 (11/03)

2. Principal Place of Business  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State

4. FEI Number **65-1037603**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRINCE, FRANKLIN ESQUIRE  
 515 N. FLAGLER DR., SUITE 1704  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIELDS, JOSEPH R 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRINCE, FRANKLIN 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Franklin Prince* **Franklin Prince** 2/24/04 581 820-1577