


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90026 048 \*\*\*\*50.00

<b>DOCUMENT # L00000007199</b>	
1. Entity Name <b>PRINCE &amp; FIELDS, P.L.</b>	

Principal Place of Business <b>515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH, FL 33401</b>
--	--

2. Principal Place of Business <b>100 South Dixie Hwy Suite, Apt. #, etc. #306</b>	3. Mailing Address <b>100 South Dixie Hwy Suite, Apt. #, etc. #306</b>
City & State <b>WPB FL</b>	City & State <b>WPB FL</b>
Zip <b>33401</b> Country <b>USA</b>	Zip <b>33401</b> Country <b>USA</b>



04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1037603</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 SOUTH DIXIE HWY #306</b> City <b>WPB FL</b> Zip Code <b>33401</b>
--

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.

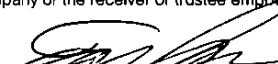
SIGNATURE 	DATE <b>4/12/05</b>
--	------------------------

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS	
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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4512 North Flagler Dr. #306 WPB FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>100 South Dixie Hwy #306 WPB FL 33401</b>
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

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: 	DATE <b>4/12/05</b>	DAYTIME PHONE # <b>561-820-1577</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		