

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 021 ***55.00

DOCUMENT # L00000008176

1. Entity Name

PALM BEACH PARTNERS, L.C.



Principal Place of Business

357 HIATT DR., SUITE A
PALM BEACH GARDENS FL 33418

Mailing Address

357 HIATT DR., SUITE A
PALM BEACH GARDENS FL 33418

15064000



MOORE

CR2E083 (11/03)

2. Principal Place of Business

8895 N. Military Trail

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.
Suite 101B

Suite, Apt. #, etc.
Suite 101B

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1049964

Applied For

Not Applicable

Zip
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

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

ECCLESTONE, E. LLWYD III
357 HYATT DR., SUITE A
PALM BEACH GARDENS FL 33418

Name

Ecclestone, Llwyr E. III

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

8895 N. Military Trail

Suite 101 B

City

Palm Beach Gardens

FL

Zip Code

33410

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 signature required when reinstating)

6/18/04

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
THREE DEVELOPMENT COMPANY
357 HIATT DR., SUITE A
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Three Development Company
8895 N. Military Trail, 101B
Palm Beach Gardens, FL 33410

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, ROBERT B
4700 RIVERSIDE DR., SUITE 100
PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

6/18/04 (561) 627-1270

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

Date

Daytime Phone #