

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008176

1. Entity Name
PALM BEACH PARTNERS, L.C.



Principal Place of Business
8895 N. MILITARY TRAIL - SUITE 101B
PALM BEACH GARDENS, FL 33410

Mailing Address
8895 N. MILITARY TRAIL - SUITE 101B
PALM BEACH GARDENS, FL 33410



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1049964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD III
8895 N. MILITARY TRAIL - SUITE 101B
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THREE DEVELOPMENT COMPANY
STREET ADDRESS	8895 N. MILITARY TRAIL - SUITE 101B
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	MARTIN, ROBERT B
STREET ADDRESS	4700 RIVERSIDE DR., SUITE 100
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000294031
04/08/05-80053-002 SS.00

**DO NOT WRITE
IN THIS SPACE**

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

2-15-05 561-627-1220