2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016310

1. Entity Name

PALM BEACH CAPITAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
11641 KEW GARDENS AVENUE, SUITE 101 PALM BEACH GARDENS FL 33403	11641 KEW GARDENS AVENUE, SUITE 101 PALM BEACH GARDENS FL 33403

FILED

01 OCT -9 PM 12 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	**4.** FEI Number 65-1064796	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
HARROLD, DAVID W 11641 KEW GARDENS AVENUE, SUITE 101 PALM BEACH GARDENS FL 33403	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004636326--7
-10/15/01--01033--030
*****50.00   *****50.00

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE Managing Partner ☐ Delete NAME David W. Harrold STREET ADDRESS 11641 Kew Gardens Ave. Ste.101 CITY-ST-ZIP Palm Beach Gardens, FL 33410		TITLE Managing Partner NAME David W. Harrold STREET ADDRESS 11641 Kew Gardens Ave, Ste. 101 CITY-ST-ZIP Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE Managing Partner NAME Bruce F. Prevost STREET ADDRESS 11641 Kew Gardens Ave, Ste. 101 CITY-ST-ZIP Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/01)

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: _____   7-2-01   561-624-0594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #