

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90080 021 ****50.00

DOCUMENT # L01000000461

1. Entity Name
PALM BEACH CAPITAL ASSOCIATES, LLC



Principal Place of Business
1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH, FL 33406

Mailing Address
1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH, FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-1822568

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

MAPES, PAUL
1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH, FL 33406

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MEYER, ARTHUR I
STREET ADDRESS
1601 BELVEDERE ROAD, SUITE 407
CITY-ST-ZIP
WEST PALM BEACH, FL 33406 ☐ Delete

TITLE
NAME
MGRM
Sydelle F. Meyer
STREET ADDRESS
1601 Belvedere Rd, Ste. 407 SO.
CITY-ST-ZIP
West Palm Beach, FL 33406 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Sydelle Meyer Sydelle Meyer 4/16/04 (561)689-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #