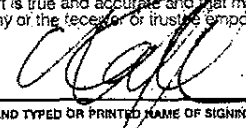


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005770 1. Entity Name RMC WEST PALM BEACH, LLC			
Principal Place of Business 105 NARCISSUS AVENUE WEST PALM BEACH, FL 33401		Mailing Address 105 NARCISSUS AVENUE WEST PALM BEACH, FL 33401	
DO NOT WRITE IN THIS SPACE			
		 01122004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 65-1105914	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent CLIFFORD I. HERTZ, P.A. ONE NORTH CLEMATIS STREET, SUITE 500 WEST PALM BEACH, FL 33401		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 _____ DATE _____ Signature, type or printed name of registered agent, and date if applicable (NOT Registered Agent Signature Required after revalidation)			
Filing Fee is \$50.00 Due by May 1, 2004			
U000000080109 03/08/04-80096-003 50.00			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CAPLAN, RONALD M 12 E. 69TH ST NEW YORK, NY 10021		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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 executor or trustee empowered to execute this report as required by Chapter 68B, Florida Statutes.			
SIGNATURE: 		Ronald M. Caplan Managing Member 1/20/04 (561)832-8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date City/State/Phone #	