## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000006475**

1. Entity Name

PALM COVE GOLF & YACHT CLUB I LLC



## FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90017 016 \*\*\*\*50.00

Principal Place of Business

Mailing Address

700 SW MAP ROAD

PALM CITY, FL 34990

3103 PHILMONT AVE.
HUNTINGDON VALLEY, PA 19006

2. Principal Place of Business
2363 SW Carriage Hill Terr

3. Mailing Address

2. Principal Place of Business 2363 SW Carriage Hill Terr												
Suite, Apt. #, etc.				Suite, Apt. #, etc.			c	4052004	Chg-LLC	CR2E0	83 (10/03)	
City & State Palm City, FL				City & State			4.	4. FEI Number Applied For NOT APPLICABLE Not Applicable				
<sup>Zip</sup> 349	90	Country <b>USA</b>		Zip	try	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					
C T CORP 1200 SOU PLANTATION		Name Street Address (P.O.			D. 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											<del></del>	
Filing Fee Is \$50.00 Due by May 1, 2004										e check p Departm	ayable to ent of State	•
9.	MANAGING MEMBERS/MANAGERS							<b>\</b>	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete TIT DONNELLY, MICHAEL NAI 5300 W. ATLANTIC AVE. STE. 300						☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							MGR □ Change ▼ Addition  Gary Rosmarin  3370 Grande Corniche  Palm Beach Gardens FL 33410					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROGER MAP ROAD TY, FL 34990		🔼 Delete			MGR Clay 2363	Camero SW Car			☐ Change	<b>∡</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the	a information sum with	d with 4	☐ Delete	CITY	E ET ADDRESS -ST-ZIP	d in Sooti-	on 110 07/01	(i) Elavido Statuta	further a	Change	Addition

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 are 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 609, Florida Statutes.

SIGNATURE:

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

Date

Date