

****AMENDED REPORT****

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000006477

1. Entity Name

Palm Cove Golf & Yacht Club II LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 SW Map Road

3. Mailing Address
3103 Philmont Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm City, FL

City & State
Huntingdon Valley, PA

Zip
34990

Country
USA

Zip
19006

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Michael J. Donnelly, MGR 5300 W. Atlantic Avenue, Suite 300 Delray Beach, FL 33484			
Robert Fordham, MGR 16100 One Mile Road Delray Beach, FL 33446			
Roger Dalal, MGR 700 SW Map Road Palm City, FL 34990			
Toll FL Limited Partnership, Member 3103 Philmont Avenue Huntingdon Valley, PA 19006			

**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael J. Donnelly, Manager

Date

(561)637-8890

Daytime Phone #

CR2E083B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

FILED

2002 AUG 13 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 14, 2002

CT CORPORATION

, PA 19006

SUBJECT: PALM COVE GOLF & YACHT CLUB II LLC
Ref. Number: L01000006477

We have received your document for PALM COVE GOLF & YACHT CLUB II LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 202A00048198

Correct fee attached, please file, thanks!

*Laura@CT
222-1092*

RECEIVED
02 AUG 14 PM 3:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA