


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008856 1. Entity Name PURSEPAL, LLC		
Principal Place of Business 277 ROYAL POINCIANA WAY SUITE 118 PALM BEACH, FL 33480		Mailing Address 277 ROYAL POINCIANA WAY SUITE 118 PALM BEACH, FL 33480
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PORTER, WILLA K 6 VIA LOS INCAS PALM BEACH, FL 33480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTER, WILLA K 6 VIA LOS INCAS PALM BEACH, FL 33480	
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Willie K. Porter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>8/30/04</u> <u>561-832-7724</u> <small>Date Daytime Phone #</small>



08312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1121500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

U000000171445
09/02/04-80001-016 55.00

**DO NOT WRITE
IN THIS SPACE**