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FILED
May 24, 2002 8:00 am
Secretary of State

03-11-2002 90008 026 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011368

1. Entity Name

PALACE SPA, L.L.C.

Principal Place of Business	Mailing Address
1981 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	1981 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1981 SE. Port ST. Lucie Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port ST Lucie, FL	City & State
Zip: 34952 / Country: US	Zip / Country

4. FEI Number: 65-1120601 — ☐ 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
LEONARD, LAWRENCE Y 817 BEACHLAND BLVD. VERO BEACH FL 32963	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
~~Make Check Payable to Department of State~~
Due By May 1, 2002

MGRM

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Michael Lubeck/MGRM, 1981 SE Port st. lucie Blvd., Port St. lucie, Fl. 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: John Cairns/MGRM, 12038 Riverbend Rd., Port st. lucie, Fl. 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E083 (9/01)

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] Michael B Lubeck — 2-21-02 — 561-398-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #