

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013040

FILED
Apr 30, 2005
Secretary of State

Entity Name: PALM BEACH CAPITAL ADVISORS, LLC

Current Principal Place of Business:

205 WORTH AVE.
317
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2753
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 04-3611996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, THOMAS H
205 WORTH AVE.
317
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROSS, THOMAS H
Address: 205 WORTH AVE #317
City-St-Zip: PALM BEACH, FL 33480 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROSS, THOMAS H
Address: 205 WORTH AVE #317
City-St-Zip: PALM BEACH, FL 33480 US

Title: VP () Change (X) Addition
Name: CASEY, JOSEPH
Address: 205 WORTH AVE. SUITE 317
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Change (X) Addition
Name: SMITH, WALTER S
Address: 300 S. OCEAN DR.
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS H. ROSS

PRES

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date