## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000013978

1. Entity Name

## PRINCESS PALM LLC



**FILED** Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90031 014 \*\*\*\*50.00

]							<b>'</b>					
Principal Place	e of Business	<del></del>	Mailing	Address			7					
6099 A1A SOUTH ST. AUGUSTINE FL 32090				6099 A1A SOUTH ST. AUGUSTINE FL 32080								
2. Principal P	lace of Busin	ess	3. Maili	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State				NOT APPL	ICABLE	<del></del>	· ·	
Zip Country			Zip	Zip Count			5. Certificate of Status Desired   \$5.00 Additional Fee Required					
	6. Name	and Address of Curre	nt Registered	d Agent			7. Name and A	ddress of New F	legistered A	gent		
GALI	LETTA, JOH	IN JR.		<del></del>		Name						
4100 A1A SOUTH ST. AUGUSTINE FL 32080						Street Address (P.O. Box Number is Not Acceptable)						
J1. ,	- COOOTINE	_ 1 L 02000										
						City			FL	Zip Cod	le	
	named entity ons of registe		t for the purpo	se of changing it	s register	ed office or regist	tered agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE -	Signature, typed	or printed name of registered ag	ent and title if appli	cable. (NO	TE: Registere	d Agent signature requir	4. FEI Number NOT APPLICABLE   Applied For   Not Applicable   5. Certificate of Status Desired   \$5.00 Additional   Fee Required   7. Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)					
<del></del>			Ì	E11 E N	OWILL	CEE 10 050 00	,	<del></del>				
		1	Make		_		<b>I</b>	•				
		·		-		ay 1, 2003	CHECK HERE IF MAKING CHANGES  4. FEI Number NOT APPLICABLE   Applied For Not Applicable   S. Certificate of Status Desired   \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent   S (P.O. Box Number is Not Acceptable)  FL   Zip Code   Change   Addition   Change   Chan					
9.		MANAGING MEM	BERS/MANA		10.			ADDITIONS	CHANGES			
TITLE	MGRM	WANAGING WEW	IDENO/WANA	Delete	TITLI	<u> </u>		ADDITIONS		☐ Change	□ Addition	
NAME	DAGHER,	JANET	1	□ Delete	NAM					onlarge	CT Madein	
STREET ADDRESS		ANTIC VIEW			STRE	ET ADDRESS						
CITY-ST-ZIP		JSTINE FL 32080			CITY	-ST-ZIP						
TITLE	MGRM			☐ Delete	TITL					☐ Change	☐ Addition	
NAME	DAGHER,	MICHEL		22 20,000	NAM							
STREET ADDRESS		ANTIC VIEW			STRE	ET ADDRESS						
CITY-ST-ZIP		JSTINE FL 32080			CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE					Change	☐ Addition	
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CITY-ST-ZIP					CHY	-ST-ZIP		<u> </u>				
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CITY-ST-ZIP			<u> </u>		CITY	-ST-ZIP				1		
11. I hereby c	ertify that the	information supplied v	vith this filing o	does not qualify for	or the exe	mption stated in §	Section 119.07(3)(i),	Florida Statutes.	l further certi	fy that the i	nformation	

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 episowered to execute his report as required by Chapter 608, Florida Statutes.

760-961-8145