
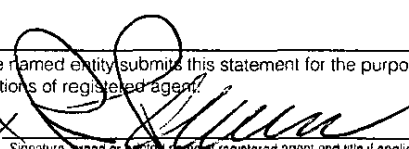
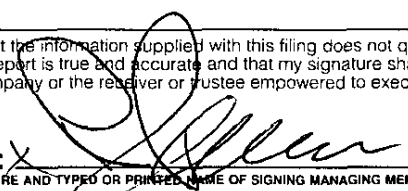


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90064 008 ****50.00

DOCUMENT # L01000014700 1. Entity Name PRESIDENTIAL WAY REALTY, LLC					
Principal Place of Business C/O RON PECUNIES 1928 PRESIDENTIAL WAY WEST PALM BEACH FL 33401			Mailing Address C/O BENETTE MARCO 777 S OYSTER BAY RD BETHPAGE NY 11747		
2. Principal Place of Business C/O RON PECUNIES		3. Mailing Address			
Suite, Apt. #, etc. 105 WINDSOR POINT DR.		Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS		City & State			
Zip 33418	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent PECUNIES, RON 1928 PRESIDENTIAL WAY WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name RONALD PECUNIES Street Address (P.O. Box Number is Not Acceptable) 105 WINDSOR POINT DRIVE City PALM BEACH GARDENS FL Zip Code 33418		
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 					
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 Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECUNIES, RON 1928 PRESIDENTIAL WAY W PALM BEACH FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECUNIES, RON 105 WINDSOR POINT DRIVE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					



MOORE CR2E083 (11/03)

4. FEI Number **65-1132194** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required