

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0031211

DOCUMENT # L01000015656

1. Entity Name

PALM SHADE REALTY LLC



FILED

03 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

610 N DIXIE HWY
LANTANA FL 33462

Mailing Address

610 N DIXIE HWY
LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1136586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PARK, MICHAEL G ESQ
610 N. DIXIE HWY
LANTANA FL 33462

7. Name and Address of New Registered Agent

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. 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, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARK, MICHAEL
610 N. DIXIE HWY
LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600017592936
04/30/03--01085--025 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FELOKAMP, JOSEPH
610 N. DIXIE HWY
LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOLDSTEIN, JON
610 N. DIXIE HWY
LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

MICHAEL L PARK
MANAGING MEMBER

3-21-03

561-588-4434

CR2E083 (10/02)