2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L01000020765

Entity Name: ROYAL PALM PLACE, LLC

Current Principal Place of Business:

11301 OLIVE BOULEVARD
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

11301 OLIVE BOULEVARD
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 43-1947669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELD, SYBIL C
15750 SW 105TH TERRACE, SUITE CL 201
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

FIELD, SYBIL C
6763 SW 88TH STREET
MIAMI, FL 33156 US

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: SYBIL C. FIELD 04/27/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FRANKE, WILLIAM E
Address: 11301 OLIVE LVD
City-St-Zip: SAINT LOUIS, MO 63141

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: GREENE, ROBERT P
Address: 235 DOULTON PLACE
City-St-Zip: ST. LOUIS, MO 63141

Title: MGR ( ) Change (X) Addition
Name: WEYGANDT, DAVID W
Address: 11301 OLIVE BLVD.
City-St-Zip: ST. LOUIS, MO 63141

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: ROBERT P. GREENE MGR 04/27/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date