

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90127 014 ***150.00

DOCUMENT # L01000020956			
1. Entity Name 2272 OKEECHOBEE BOULEVARD, LLC			
Principal Place of Business 821 SOUTH DIXIE LAKE WORTH, FL 33460		Mailing Address 821 SOUTH DIXIE LAKE WORTH, FL 33450	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 9C-003C480		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOEY, MICHAEL J C.P.A. 639 EAST OCEAN AVE., SUITE 101 BOYNTON BEACH, FL 33435		7. Name and Address of Now Registered Agent Name: <i>Clifford A. Richardson, P.A.</i> Street Address (P.O. Box Number is Not Acceptable): <i>1551 forum place, suite # 300F</i> City: <i>West Palm Bch</i> FL Zip Code: <i>33401</i>	
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 the registered agent.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4-29-03</i>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANGISKAKIS, PETER 2693 STARWOOD COURT WEST PALM BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANGISKAKIS, SPIRO 2693 STARWOOD COURT WEST PALM BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		43903 581-540-4449	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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