

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 022 ****50.00

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1. Entity Name
PALM COVE MARINA II LLC

Principal Place of Business
**700 SW MAP ROAD
PALM CITY, FL 34990**

Mailing Address
**3103 PHILMONT AVE.
HUNTINGDON VALLEY, PA 19006**

24056079



2. Principal Place of Business
2363 SW Carriage Hill Terr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-LLC CR2E083 (10/03)

City & State
Palm City, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
34990

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**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 **MGR** Delete
NAME **DONNELLY, MICHAEL**
STREET ADDRESS **5300 W. ATLANTIC AVE. SUITE 300**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **FORDHAM, ROBERT**
STREET ADDRESS **16100 ONE MILE ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

Change Addition
TITLE **MGR**
NAME **Gary Rosmarin**
STREET ADDRESS **3370 Grande Corniche**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **MGR** Delete
NAME **DALAL, ROGER**
STREET ADDRESS **700 SW MAP ROAD**
CITY-ST-ZIP **PALM CITY, FL 34990**

Change Addition
TITLE **MGR**
NAME **Clay Cameron**
STREET ADDRESS **2363 SW Carriage Hill Terr.**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 609, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #