
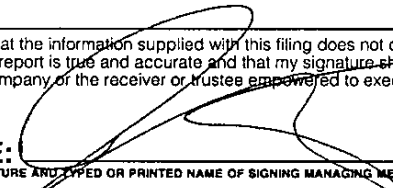


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021119					
1. Entity Name PALM COVE MARINA II LLC					
Principal Place of Business 2363 SW CARRIAGE HILL TER PALM CITY, FL 34990			Mailing Address 3103 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006		
2. Principal Place of Business		3. Mailing Address 250 Gibraltar Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Horsham, PA 19044		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		05042005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONNELLY, MICHAEL		NAME	David Richey	
STREET ADDRESS	5300 W. ATLANTIC AVE. SUITE 300		STREET ADDRESS	250 Gibraltar Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Horsham, PA 19044	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSMARIN, GARY		NAME	Mitchell Laskowitz	
STREET ADDRESS	3370 GRANDE CORNICHE		STREET ADDRESS	250 Gibraltar Road	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Horsham, PA 19044	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAMERON, CLAY		NAME	Jeffrey Bartos	
STREET ADDRESS	2363 SW CARRIAGE HILL TER		STREET ADDRESS	250 Gibraltar Road	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Horsham, PA 19044	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 608, Florida Statutes.					
SIGNATURE: 			Jeffrey Bartos Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/05/05 Daytime Phone #		

FILED
 05 MAY -6 AM 10:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

