


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90140 010 ****55.00

DOCUMENT # L01000021318

1. Entity Name
ECCLESTONE SIGNATURE HOMES OF PALM BEACH, LLC



Principal Place of Business | Mailing Address

**357 HIATT DRIVE
 A
 PALM BEACH GARDENS FL 33418** | **357 HIATT DRIVE
 A
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business | 3. Mailing Address


**8895 N. MILITARY TRL
 Suite, Apt. #, etc.
 SUITE # 101B** | **8895 N. MILITARY TRL
 Suite, Apt. #, etc.
 SUITE # 101B**

City & State | City & State

P. BEACH GARDENS, FL | **P. BEACH GARDENS, FL**

Zip | Country | Zip | Country

33410 | **PALM BCH** | **33410** | **P. BEACH**



MOORE CR2E083 (11/03)

4. FEI Number **65-1159094** | Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ECCLESTONE, LLWYD E III
 357 HIATT DRIVE
 SUITE A
 WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

Name **ECCLESTONE, LLWYD E. III**

Street Address (P.O. Box Number is Not Acceptable)
**8895 N. MILITARY TRL.
 SUITE 101B**

City **P. BEACH GARDENS FL** | Zip Code **33410**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECCLESTONE, E. L III	
STREET ADDRESS	357 HIATT DRIVE, SUITE A	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRAY, THOMAS	
STREET ADDRESS	357 HIATT DRIVE, SUITE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHUGARS, CATHLINE	
STREET ADDRESS	357 HIATT DRIVE, SUITE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIRETTI, ROSANNE	
STREET ADDRESS	357 HIATT DRIVE, SUITE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	Chairman, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Llywd Ecclestone, III	
STREET ADDRESS	8895 N. Military Trail, 101B	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUGARS CATHERINE	
STREET ADDRESS	8895 N. MILITARY TR. STE #101B	
CITY-ST-ZIP	P. BEACH GARDENS, FL 33410	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRETTI, ROSANNE	
STREET ADDRESS	8895 N. MILITARY TRL. SUITE 101B	
CITY-ST-ZIP	P. BEACH GARDENS, FL 33410	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Rapaport	
STREET ADDRESS	8895 N. Military Trail, 101B	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.

SIGNATURE: Catherine J Shugars 6/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

Catherine J Shugars