

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 043 ****50.00

DOCUMENT # L01000021320

1. Entity Name

PALM BEACH OF INDIAN ROCKS, LLC



Principal Place of Business

19535 GULF BLVD.
SUITE B
INDIAN SHORES FL 33785

Mailing Address

19535 GULF BLVD.
SUITE B
INDIAN SHORES FL 33785

2. Principal Place of Business

20001 BULTA Blvd
Suite, Apt. #, etc.
5

3. Mailing Address

20001 BULTA-Blvd
Suite, Apt. #, etc.
5



MOORE

CR2E083 (11/03)

City & State

Indian Shores, FL

City & State

Indian Shores, FL

Zip

33785

Country

Pinellas

Zip

33785

Country

Pinellas

4. FEI Number

01-0584686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAGE, STEVE
19535 GULF BLVD.
SUITE B
INDIAN SHORES FL 33785

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/ 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	MGR	<input type="checkbox"/> Delete
NAME	PAGE, STEPHEN J	
STREET ADDRESS	19535 GULF BLVD. SUITE B	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LYONS, ROBERT E	
STREET ADDRESS	19535 GULF BLVD #B	
CITY-ST-ZIP	INDIAN SHORES FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20001 BULTA Blvd-#5	
CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20001 BULTA Blvd-#5	
CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

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

Date

Daytime Phone #

2/10/04