


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022547		
1. Entity Name WEST PALM BEACH APARTMENTS, EAST, L.C.		
Principal Place of Business 2408 FLORIDA STREET WEST PALM BEACH FL 33406		Mailing Address P.O. BOX 30247 WEST PALM BEACH FL 33420
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E083 (11/03)

4. FEI Number 90-0000924				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FORIERE, AMERIGO 2408 FLORIDA STREET WEST PALM BEACH FL 33406			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, AMERIGO 2408 FLORIDA STREET WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000026673 02/03/04-80016-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, JANICE 2408 FLORIDA STREET WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Janice Foriere* Date: 1/29/04 Phone: (561) 686-1615