

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90035 035 ****55.00

DOCUMENT # L02000002426			
1. Entity Name PALM BAY DEVELOPMENT L.L.C.			
Principal Place of Business 10 N CYPRESS ST FELLSMERE FL 32948		Mailing Address PO BOX 279 FELLSMERE FL 32948	
2. Principal Place of Business 11550 C.R. 507		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FELLSMERE FLA		City & State	
Zip 32948	Country INDIAN RIVER	Zip	Country

24046716



MOORE CR2E083 (11/03)

4. FEI Number 02-0540995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent ADAMS, THOMAS B 10 N CYPRESS ST FELLSMERE FL 32948		7. Name and Address of New Registered Agent Name ADAMS THOMAS B Street Address (P.O. Box Number is Not Acceptable) 11550 C.R. 507 City FELLSMERE FL 32948	
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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 *Tom Adams* **Tom Adams** 4-16-04
(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	PD ADAMS, TOM B 10 N CYPRESS ST FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, TOM B 11550 C.R. 507 FELLSMERE, FLA 32948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANNI, JODIE 10 N CYPRESS ST FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NANNIE, Jodie 4302 SIBBY COURT ST. CLOUD, FLA 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACHECO, HECTOR 10 N CYPRESS ST FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tom Adams* **Tom Adams** 4-16-04 772-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #