


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005878 1. Entity Name PALM BEACH GARDENS OFFICE INVESTORS, LLC	
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Principal Place of Business 2255 GLADES ROAD #411E BOCA RATON, FL 33431	Mailing Address 2255 GLADES ROAD #411E BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3022246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOTTSEGEN, STANLEY D 2255 GLADES ROAD #411E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALM BEACH GARDENS OFFICE ADVISORS, INC. 2255 GLADES ROAD #411E BOCA RATON, FL 33431
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<p>1100000272793 03/26/05-80043-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: 	Date: 3/14/05	Daytime Phone #: 561-994-2212
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		