

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANADING MEMBER, OR AUTHOR

## DOCUMENT # L02000007543

1. Entity Name PALMETTO COURT, LLC



Principal Place of Business

1050 RIVERSIDE AVE. JACKSONVILLE, FL 32204 Mailing Address

1050 RIVERSIDE AVE. JACKSONVILLE, FL 32204

## **FILED** Apr 30, 2004 08:00 AM Secretary of State



04212004 No Chg-LLC

CR2E083 (10/03)

| 4. | FEI Number |
|----|------------|
| _  | 03-0506949 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DANIEL R 1050 RIVERSIDE AVE.

SIGNATURE:

## DO NOT WRITE

| JACKSONVILLE, FL 32204  |   | IN THIS SPACE  |  |  |  |
|---|---|--|--|--|--|
|   | named entity submits this statement for the purpose of changing one of registered agent.  | ng its registered  | office or registered agent, or bo  | th, in the State of Florida I am familiar with, and accept   |  |
| SIGNATURE Signature, typed or printed name of registered agent and trille if applicable (NOTE Registered Agent signature required when reinstating)  DATE |   |  |  |  |  |
| Fi<br>D   | iling Fee is \$50.00<br>ue by May 1, 2004   |  |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |  | <del></del>  |  |
| TITLE   | MGRM  |  |  |  |  |
| NAME  | MURPHY, DANIEL R  |  |  |  |  |
| STREET ADDRESS  | 1050 RIVERSIDE AVE.   |  |  |  |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32204  |  |  | ######################################   |  |
| ture :  | MGR   |  |  |  |  |
| NAME  | PRICE, JACQUELINE S   |  |  |  |  |
| STREET ADDRESS  | 1050 RIVERSIDE AVE.   | 1  |  |  |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32204  |  |  |  |  |
| TITLE   |   |  |  |  |  |
| NAME<br>STREET ADDRESS  |   |  |  |  |  |
| CITY - ST - ZIP   |   | 1  | DO   | NOT WRITE  |  |
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| TOTLE   |   |  |  |  |  |
| NAME  |   | Į  |  |  |  |
| STREET ADDRESS  |   |  |  |  |  |
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| NAME  |   |  |  |  |  |
| STREET ADDRESS  |   | Ì  |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |  |
| 11. I hereby of indicated limited lia   | certify that the information supplied with this filling does not qual<br>on this report is true and accurate and that my significare shall h<br>billy company or the receiver or trustee empowered to execute | lify for the exem<br>have the same t<br>e this report as r | ption stated in Section 119 07(3);<br>egal effect as if made under oath<br>equired by Chapter 608, Florida | Florida Statutes. I further certify that the information that I am a managing member or manager of the Statutes. |  |