

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90103 043 ****50.00

DOCUMENT # L02000007795

1. Entity Name
RAYMOND OFFICE PLAZA, LLC



Principal Place of Business
**3600 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407**

Mailing Address
**3600 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number

01-0672117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREEFER, RAYMOND
3600 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name **Preefer, Richard R.**

Street Address (P.O. Box Number is Not Acceptable)

2161 Palm Beach Lakes Blvd., Ste. 403

City **West Palm Beach**

FL

Zip Code
33409

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **PREEFER, RAYMOND R**
STREET ADDRESS **3600 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **MGRM** ☒ Delete
NAME **PREEFER, JUDY**
STREET ADDRESS **2704 MUSKEGON WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Change ☒ Addition
NAME **Preefer, Richard R.**
STREET ADDRESS **2161 Palm Beach Lakes Blvd., Ste. 403**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **Manager** ☐ Change ☒ Addition
NAME **Mathe, Pamela Preefer**
STREET ADDRESS **11898 West Ridgeview Drive**
CITY-ST-ZIP **Davie, FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the 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 #

Re 105 *561-689-7206*