

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90363 001 \*\*\*\*50.00

<b>DOCUMENT # L02000010222</b> 1. Entity Name <b>PALM BEACH UNO, LLC</b>					
Principal Place of Business <b>700 S ROSEMARY AVENUE 143 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BOLIS, ROLAND M 6101 BLUE LAGOON DR. SUITE 430 MIAMI, FL 33126</b> <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	<b>MGR D'ANCONA, IRMA 6101 BLUE LAGOON DR. SUITE 430 MIAMI, FL 33126</b> <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.					
<b>SIGNATURE:</b> <b>Roland M Bolis</b> <b>4-22-05</b> <b>305-262-6226</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**02-0593257**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Name

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

City

**FL**

Zip Code

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
BOLIS, ROLAND M  
6101 BLUE LAGOON DR. SUITE 430  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
D'ANCONA, IRMA  
6101 BLUE LAGOON DR. SUITE 430  
MIAMI, FL 33126** ☐ Delete

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## 10. ADDITIONS/CHANGES

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