

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011452

1. Entity Name

PALM BEACH CDE FUND LLC



Principal Place of Business

1016 NORTH DIXIE HWY., 2ND FLOOR
WEST PALM BEACH, FL 33401

Mailing Address

1016 NORTH DIXIE HWY., 2ND FLOOR
WEST PALM BEACH, FL 33401



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0596841

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOHN B
1016 NORTH DIXIE HWY., 2ND FLOOR
WEST PALM BEACH, FL 33401

**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

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

1/5/5
1100000200922
01/28/05-80045-025 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GAINES, LIA
STREET ADDRESS P.O. BOX 1009
CITY-ST-ZIP WEST PALM BEACH, FL 33402

TITLE MGR
NAME FORD LEE, MAUDE
STREET ADDRESS 602 CLEARLAKE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME BAKER, VERDENIA
STREET ADDRESS 301 N. OLIVE 11TH FLOOR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME SMITH, SEABRON
STREET ADDRESS 10-B SE 1ST AVE.
CITY-ST-ZIP DELRAY BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #