

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90128 041 \*\*\*\*50.00

**DOCUMENT # L02000011721**

1. Entity Name

**FREEMAN, MAYNOR & JONES A PROFESSIONAL LIMITED  
LIABILITY COMPANY**



Principal Place of Business

**1400 CENTREPARK BLVD. STE 950  
WEST PALM BEACH FL 33401**

Mailing Address

**1400 CENTREPARK BLVD. STE 950  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0712570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, DONALD J ESQ  
1400 CENTREPARK BLVD. STE 950  
WEST PALM BEACH FL 33401**

Name

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

City

**FL**

Zip Code

I, 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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete  
NAME: **FREEMAN, DONALD J ESQ**  
STREET ADDRESS: **1400 CENTREPARK BLVD. STE 950**  
CITY-ST-ZIP: **WEST PALM BEACH FL 33401**

TITLE: **MGRM** ☐ Delete  
NAME: **MAYNOR, J MARK ESQ**  
STREET ADDRESS: **4114 NORTHLAKE BLVD STE 101**  
CITY-ST-ZIP: **PALM BEACH GARDENS FL 33410**

TITLE: **MGRM** ☐ Delete  
NAME: **JONES, WALTER C IV**  
STREET ADDRESS: **4114 NORTHLAKE BLVD STE 101**  
CITY-ST-ZIP: **PALM BEACH GARDENS FL 33410**

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

TITLE: **MGRM** ☒ Change ☐ Addition  
NAME: **MAYNOR, J MARK ESQ**  
STREET ADDRESS: **3555 NORTHLAKE BLVD.**  
CITY-ST-ZIP: **PALM BEACH GARDENS, FL 33403**

TITLE: **MGRM** ☒ Change ☐ Addition  
NAME: **JONES, WALTER C IV**  
STREET ADDRESS: **3555 NORTHLAKE BLVD.**  
CITY-ST-ZIP: **PALM BEACH GARDENS, FL 33403**

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 this 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 #

*Managers Member* 3/24/04 361-471 4900