2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar PALM BEA Principal Place 1360 N.W. 33RI POMPANO BEA	Ce of Business D STREET ICH FL 33064			BR)	,	FILE 03 OCT 29 SECRETARY C	AM 8: Destati	E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
©ity & State		City & State			4. FEI Nun	mber &6 -	03125	51 Ap	oplied For
Zip Country		Zip	Count	ary	5. Certifica	ate of Status Desired		\$5.00 Add	
the obligations of registered agent. SIGNATURE SIGNATURE				7. Name and Address of New Registered Agent Name Sprey Retteral Street Address (P.O. Box, Number is Nat Acceptable) City Daniel Registered Agent FL Zip Code gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Street Agent signature required when reinstating) DATE					
9.	MANAGING MEMBERS	Make Check Payable Due By S	e to Flo	EE IS \$50.00 rida Departme nber 24, 2003		APPITIONS	COLLANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Retterath Member 1466 Thated Polm Boca Raton Rh 334	☐ Delete	TITLE NAME STREET		81 09/2	ADDITIONS DD0233 9/0301052-	•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		— □ Delete ·	TITLE NAME STREET CITY-S	T ADDRESS		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS .				Change	Addition

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:

SIGNAT

प्रच्या (उर्वे)

Daytime Phone #

E083 (4/03)