


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90332 019 \*\*\*\*50.00

<b>DOCUMENT # L02000021791</b>					
<b>1. Entity Name</b> COMO PROPERTIES, LLC					
<b>Principal Place of Business</b> 1645 PALM BEACH LAKES BLVD., SUITE 250 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 1645 PALM BEACH LAKES BLVD., SUITE 250 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD., SUITE 250 WEST PALM BEACH, FL 33401				Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>2925 PGA Blvd, Suite 200</u> City <u>PALM BEACH GARDENS FL</u> Zip Code <u>33410</u>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCI, EDWARD M 19670 LOXAHATCHEE RIVER RD JUPITER, FL 33458			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCI, MARY E 19670 LOXAHATCHEE RIVER JUPITER, FL 33458			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEOPOLD, THEODORE J. 85 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEOPOLD, ROSLYN 85 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASS, BRIAN 2165 RADNOR RD NORTH PALM BEACH, FL 33408			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASS, ANDREA 2165 RADNOR RD NORTH PALM BEACH, FL 33408			<input type="checkbox"/> Delete	
<b>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>					
<b>SIGNATURE:</b> <u>Edward M Ricci</u> <u>4-7-04</u> <u>561-684-6500</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					