2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# L02000023931

Entity Name: PARKLAND INTRACOASTAL, LLC

Current Principal Place of Business:

340 ROYAL POINCIANA WAY
SUITE 3C
PALM BEACH, FL 33480 US

New Principal Place of Business:

477 SOUTH ROSEMARY AVENUE
SUITE 215
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

340 ROYAL POINCIANA WAY
SUITE 3C
PALM BEACH, FL 33480 US

New Mailing Address:

477 SOUTH ROSEMARY AVENUE
SUITE 215
WEST PALM BEACH, FL 33401 US

FEI Number: 22-3871272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKLAND CORPORATION
340 ROYAL POINCIANA WAY
SUITE 3C
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

PARKLAND CORPORATION
477 SOUTH ROSEMARY AVENUE
SUITE 215
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: NEIL KOZOKOFF 04/08/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PARKLAND CORPORATION,
Address: 340 ROYAL POINCIANA WAY, SUITE 3C
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PARKLAND CORPORATION,
Address: 477 SOUTH ROSEMARY AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEIL KOZOKOFF MGR 04/08/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date