
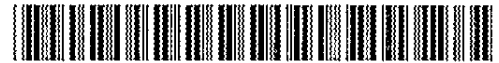


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000025791	
1. Entity Name BOKEELIA PALM, LLC	

Principal Place of Business 99 NESSBIT STREET PUNTA GORDA, FL 33950	Mailing Address POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447
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04022004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3063819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, DAROL H  
 99 NESBIT STREET  
 PUNTA GORDA, FL 33950

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000103910  
 04/05/04 80078-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR, DAROL H. M 6330 RIVERSIDE DR PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINSLOW, GEORGE A PO BOX 51-2116 PUNTA GORDA, FL 339512116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DONALD K PO BOX 417 BOKEELIA, FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETROCK, IRV 14001 E. PALOMINO DR FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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:  DATE: 4/2/04 DAYTIME PHONE #: 941 639-1158

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