

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025791

Entity Name: BOKEELIA PALM, LLC

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

New Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 74-3063819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARR, DAROL H. M
Address: 6330 RIVERSIDE DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: MGR () Delete
Name: WINSLOW, GEORGE A
Address: PO BOX 51-2116
City-St-Zip: PUNTA GORDA, FL 339512116

Title: MGR () Delete
Name: SMITH, DONALD K
Address: PO BOX 417
City-St-Zip: BOKEELIA, FL 33942

Title: MGR () Delete
Name: BETROCK, IRV
Address: 14001 E. PALOMINO DR
City-St-Zip: FORT LAUDERDALE, FL 33330

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DAROL H.M. CARR

MGR

05/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date