

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2003 8:00 am
Secretary of State

47

04-28-2003 90079 050 ****50.00

DOCUMENT # L02000028748



1. Entity Name
427 PALMETTO LC

Principal Place of Business
**C/O ELIZABETH A. DUNN
19047 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

Mailing Address
**C/O ELIZABETH A. DUNN
19047 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

44003493



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~BEALE, DAVID A ESQ.
355 NE 5TH AVENUE, UNIT #1
DELRAY BEACH FL 33483~~

**ELIZABETH A. DUNN
19047 SKYRIDGE
BOCA RATON, FL
33498**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

David Beale

6/4/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **DUNN, ELIZABETH A**
STREET ADDRESS **C/O ELIZABETH A. DUNN**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Elizabeth A. Dunn

4/20/03 391-1120

Date

Daytime Phone #

CR2E083 (10/02)