

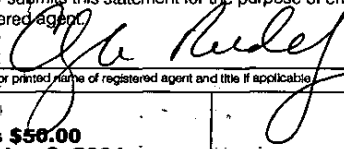
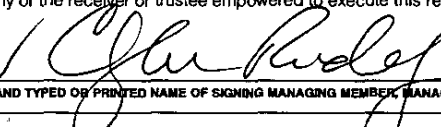


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90146 017 ****50.00

DOCUMENT # L02000032494 1. Entity Name PALM BEACH PROPERTY GROUP, LLC					
Principal Place of Business 265 SUNRISE AVENUE STE. 204 PALM BEACH, FL 33480			Mailing Address 265 SUNRISE AVENUE STE. 204 PALM BEACH, FL 33480		
2. Principal Place of Business 560 Village Boulevard Suite, Apt. #, etc. 270		3. Mailing Address Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State		08022004 Chg-LLC CR2E083 (10/03)	
Zip 33409 Country USA		Zip Country		4. FEI Number 04-3730911	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINTMIRE, DONALD F 265 SUNRISE AVENUE STE. 204 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Christopher Ruddy Street Address (P.O. Box Number is Not Acceptable) 560 Village Blvd., Suite 270 City West Palm Beach FL Zip Code 33409		
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 8/3/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUDDY, CHRISTOPHER 265 SUNRISE AVENUE, SUITE 204 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date 8/3/04		Daytime Phone # 561-686-1165
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					