


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 026 ****50.00

DOCUMENT # L02000033180	
1. Entity Name LADY PALM, LLC	

Principal Place of Business 701 SE 1ST STREET DELRAY BEACH, FL 33483	Mailing Address 701 SE 1ST STREET DELRAY BEACH, FL 33483
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24022575



2. Principal Place of Business 4225 N. COUNTY ROAD	3. Mailing Address 4225 N. COUNTY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State GULF STREAM, FL	City & State GULF STREAM, FL	4. FEI Number 02-0656835	Applied For <input type="checkbox"/> Not Applicable
Zip 33483	Country U.S.A.	Zip 33483	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
DE LAVILLE, STEFANI A 701 SE FIRST ST. DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent
Name STEFANI DELAVILLE
Street Address (P.O. Box Number is Not Acceptable) 4225 N. COUNTY ROAD
City GULF STREAM
State FL
Zip Code 33483

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 *Stefani DeLaville* 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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LAVILLE, STEFANI A 701 SE 1ST STREET DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEFANI DE LAVILLE 4225 N. COUNTY ROAD GULF STREAM, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Stefani DeLaville* Date 3/10/04 Daytime Phone # 561-274-4940

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