

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90270 045 ****50.00

DOCUMENT # L02000034167

1. Entity Name
PALM CITY ASSOCIATES, LLC



Principal Place of Business
**2642 S.E. WILLOUGHBY BOULEVARD
STUART, FL 34994**

Mailing Address
**2642 S.E. WILLOUGHBY BOULEVARD
STUART, FL 34994**

44040000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
04-3730098

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

**WHITMIRE, DRENNEN L JR ESQ
450 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH, FL 33480**

Name
ALBERT T. PURINO

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

2642 S.E. WILLOUGHBY BLVD

City
STUART

FL

Zip Code
34994

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] **MAR MAR**

(NOTE: Registered Agent signature required when reinstating)

3/16/04

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLA COMMERCIAL PROPERTIES
2642 SE WILLOUGHBY BLVD.
STUART, FL 34994** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature] **MAR MAR**

3/16/04

Date

Daytime Phone #