

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

03232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3730098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURINO, ALBERT T
2642 S.E. WILLOUGHBY BLVD
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

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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:

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

3/23/05

Date

772-287-9798

Daytime Phone #