


**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 012 \*\*\*150.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L03000004501			
1. Entity Name EVELYN F. PARKES, CPA, LLC			
Principal Place of Business 2240 PALM BEACH LAKES BLVD., STE. 100 WEST PALM BEACH, FL 33409		Mailing Address 2240 PALM BEACH LAKES BLVD., STE. 100 WEST PALM BEACH, FL 33409	
2. Principal Place of Business 420 CLEMATIS STREET		3. Mailing Address 420 CLEMATIS STREET	
Suite, Apt. #, etc. FLOOR 2		Suite, Apt. #, etc. FLOOR 2	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country U.S.A.	Zip 33401	Country U.S.A.
6. Name and Address of Current Registered Agent PARKES, EVELYN F CPA, PA 2240 PALM BEACH LAKES BLVD., STE. 100 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name: <u>Sama Neme</u> Street Address (P.O. Box Number is Not Acceptable): 420 CLEMATIS STREET, FLOOR 2 City: WEST PALM BEACH FL Zip Code: 33401	
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: <u>[Signature]</u>		DATE: <u>1/6/04</u>	
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	PRESIDENT MANAGING MEM <input type="checkbox"/> Delete EVELYN F. PARKES 420 CLEMATIS STREET, FL 2 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u>		DATE: <u>1/6/04</u> 561-366-9250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3738531 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required