

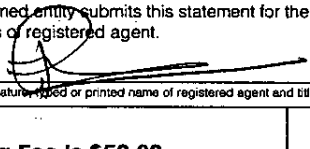
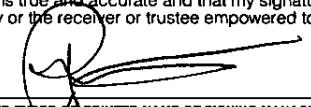


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 021 \*\*\*\*50.00

<b>DOCUMENT # L03000006689</b>						
<b>1. Entity Name</b> PALM BEACH GARDENS DEVELOPERS, LLC						
<b>Principal Place of Business</b> 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433			<b>Mailing Address</b> 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433			
<b>2. Principal Place of Business</b> 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA		<b>3. Mailing Address</b> 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA				
01062004 Chg-LLC CR2E083 (10/03)				<b>4. FEI Number</b> 200149568		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
<b>6. Name and Address of Current Registered Agent</b> BERDUGO, ELIE 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433			<b>7. Name and Address of New Registered Agent</b> Name Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton FL Zip Code 33433			
<b>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.</b> SIGNATURE  DATE 4-12-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
TITLE MGRM NAME BERDUGO, ELIE STREET ADDRESS 7025 BERACASA WAY, SUITE 107 CITY-ST-ZIP BOCA RATON, FL 33433	<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	
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	
<b>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.</b>						
<b>SIGNATURE:</b> 				Date 4-12-04 Daytime Phone # 561395108108		