
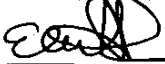


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90132 040 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000006912			
1. Entity Name 2800, LLC			
Principal Place of Business 2760 SOUTH OCEAN DRIVE, STE. 307 PALM BEACH, FL 33480		Mailing Address 2760 SOUTH OCEAN DRIVE, STE. 307 PALM BEACH, FL 33460	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-3768334		Applied For Not Applicable	
5. Certificate of Status Desired		Additional Fee Required \$6.00	
6. Name and Address of Current Registered Agent AMES, STUART D 150 WEST FLAGLER STREET, STE. 2200 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Number of copies of this report to be filed with the Department of State: _____</small> <small>NOTE: Registered Agent's signature required when changing</small>			
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	2760 South Ocean Drive Suite 307
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SECRETARY
STREET ADDRESS		STREET ADDRESS	2760 South Ocean Drive Suite 307
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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: 		(S11) 526-54549	
SIGNATURE AND TYPED OR PRINTED NAME OF THE NEW MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	