2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-14-2004 90602 001 ***350.00

DOCUMENT # L03000008088

1. Entity Name
16427 79TH TERRACE, LLC

Principal Place of Business	Mailing Address
11891 US HWY. ONE, STE. ~~105~~	11891 US HWY. ONE, STE. ~~105~~
NORTH PALM BEACH, FL 33408	NORTH PALM BEACH, FL 33408

2. Principal Place of Business	3. Mailing Address
11891 US Hwy One	11891 US Hwy One
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Ste. 100
City & State: North Palm Beach, Fl	City & State: North Palm Beach, Fl
Zip: 33408 Country: U.S.	Zip: 33408 Country: U.S.

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~Applied For~~ [X] Not Applicable

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

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
11891 US HWY. ONE, STE. 105
NORTH PALM BEACH, FL 33408

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 ______ 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, DONALD R 11891 US HWY. ONE, STE. 105 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, CYNTHIA A 11891 US HWY. ONE, STE. 105 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donald R. Smith Donald R. Smith 4-29-04 561-622-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #