

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90064 002 ****55.00



DOCUMENT # L03000008345
 1. Entity Name
ONE NORTHWOOD HILLS LLC

Principal Place of Business Mailing Address
2600 NORTH FLAGLER DRIVE #509 **2600 NORTH FLAGLER DRIVE #509**
WEST PALM BEACH FL 33407 **WEST PALM BEACH FL 33407**

2. Principal Place of Business 3. Mailing Address
POST OFFICE Box 1351 **POST OFFICE Box 1351**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State City & State 4. FEI Number Applied For
WEST PALM BEACH, FL **WEST PALM BEACH, FL** **57-1156202** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
33402 **USA** **33402** **USA**

6. Name and Address of Current Registered Agent
GROVER, WALTER C
2600 NORTH FLAGLER DRIVE #509
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name **SUSAN A. GROVER**
 Street Address (P.O. Box Number is Not Acceptable)
2600 NORTH FLAGLER DRIVE #509
 City **WEST PALM BEACH** FL Zip Code **33407**

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 **SUSAN A. GROVER** *Susan A. Grover* DATE **4/23/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SUSAN A. GROVER** *Susan A. Grover* DATE **4/23/04** DAYTIME PHONE # **561-820-2483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE