

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90271 010 \*\*\*\*50.00

|  |                      |                                 |  |  |   |
|--|----------------------|---------------------------------|--|--|---|
| <b>DOCUMENT # J-03600009760</b>  |                      |                                 |  |  |   |
| <b>1. Entity Name</b><br>PALM HARBOR SHOPS, LLC  |                      |                                 |  |  |   |
| <b>Principal Place of Business</b><br>255 SOUTH COUNTY ROAD<br>PALM BEACH FL 33480   |                      |                                 | <b>Mailing Address</b><br>255 SOUTH COUNTY ROAD<br>PALM BEACH FL 33480 |  |   |
| <b>2. Principal Place of Business</b>  |                      | <b>3. Mailing Address</b>       |  |  |   |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.             |  | MOORE CR2E083 (11/03)  |   |
| City & State   |                      | City & State                    |  | <b>4. FEI Number</b><br>33-1052200   |   |
| Zip  |                      | Country                         |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| Zip  |                      | Country                         |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br>HAILE, SHAW & PFAFFENBERGER, P.A.<br>11780 U.S. HIGHWAY ONE, SUITE #300<br>NORTH PALM BEACH FL 33408   |                      |                                 |  | <b>7. Name and Address of New Registered Agent</b>   |   |
| Name   |                      |                                 |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
| City   |                      |                                 |  | State <b>FL</b> Zip Code   |   |
| <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>   |                      |                                 |  |  |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>  |                      |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>   |                      |                                 |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                      |                                 |  |  |   |
| TITLE  | President            | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | Jeffrey S. Lee       |                                 | NAME   |  |   |
| STREET ADDRESS   | PO Box 2707          |                                 | STREET ADDRESS   |  |   |
| CITY - ST - ZIP  | Palm Beach, FL 33480 |                                 | CITY - ST - ZIP  |  |   |
| TITLE  | Vice President       | <input type="checkbox"/> Delete | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | Mike Wichman         |                                 | NAME   |  |   |
| STREET ADDRESS   | 5151 San Jose Street |                                 | STREET ADDRESS   |  |   |
| CITY - ST - ZIP  | Tampa, FL 33629      |                                 | 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  |  |   |
| 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  |  |   |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>  |                      | Jeffrey S. Lee                  |  | 2/18/04 561-659-7900   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                      | Date                            |  | Daytime Phone #  |   |