## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED

| Apr 09, 2005       | 08:00 AM |  |
|--------------------|----------|--|
| Secretary of State |          |  |

| DOCL | IMENT | #1   | 03000  | 009760 |
|------|-------|------|--------|--------|
| DUU  |       | ## L | .00000 | บบฮาบบ |

1. Entity Name

255 SOUTH COUNTY ROAD

PALM BEACH, FL 33480

SIGNATURE:

PALM HARBOR SHOPS, LLC Principal Place of Business Mailing Address

255 SOUTH COUNTY ROAD

PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1052200

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER, P.A. 11780 U.S. HIGHWAY ONE, SUITE #300 NORTH PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

| 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 renstating) DATE  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |   |  |
| TITLE NAME STREET ADDRESS GRY-ST-ZIP  | P<br>LEE, JEFFREY S<br>PO BOX 2707<br>PALM BEACH, FL 33480   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>WICHMAN, MIKE<br>5151 SAN JOSE STREET<br>TAMPA, FL 33629   | U00000296723<br>04/09/05-80076-025 50.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | DO NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |
| indicated   | ertify that the information supplied with this filling does not qua<br>on this report is true and accurate and that my signature shall<br>billity company or the receiver or trustee empowered to execut | lify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the e this report as required by Chapter 608, Florida Statutes. |  |