## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011793

## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90064 044 \*\*\*\*50.00

1. Entity Nam WARD H		EAL ESTATE SEF	RVICES, L.L.C.							
Principal Place of Business 217 PERUVIAN AVENUE, SUITE 2 WEST PALM BEACH, FL 33480			Mailing Address 217 PERUVIAN AVENUE, SUITE 2 WEST PALM BEACH, FL 33480				4 201 <b>1 (</b> 111) 01111 01111 1	BALL <b>ARJO</b> J (1882) 118	IIJ 1 <b>4872</b> 7 <b>8138</b> 111	<b>  1</b>     1   1   1   1   1   1   1   1
	Peruvi		3. Mailing Address 217 Peruvian Avenue							
Suite, Apt.	.#, etc. te Z		Suite, Apt. #, etc. Suite Z			04202004	Chg-LLC	CR2E0	83 (10/03)	
City & State Palm-Beach, FL Zip Country			City & State Palm Beach, FL Zip Country			4. FEI Numb	<sup>er</sup> 56-2		/ No	pplied For t Applicable
334		USA and Address of Current	33480	ÜŚA			of Status Desired		\$5.00 Add Fee Required	
MESSICK		E ESQUIRE	Hogistered Agent	Name				<u> </u>	.gom	
2033 MAIN		SUITE 600	Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City	<u>.</u>			FL	Zip Code	e
	e named entity		or the purpose of changing its r	egistered office of	r registere	ed agent, or bo	oth, in the State of F		amiliar with,	and accept
SIGNATURE		r printed name of registered agent	and title if applicable (NOTE-	Registered Agent signs	ture required	when reinstating)		DATE		<del></del>
			in the repulse.	The glotore of Angular angular	,		Ma	ike check p		, , ,
D	iling Fee is ue by May	1, 2004						da Departm	•	,
9.		MANAGING MEMBE		10.	1 1 4		ADDITIONS	S/CHANGES		
NAME STREET ADDRESS	,		☐ Delete	TITLE NAME STREET ADDRESS	Man	lager las A. He	older, Jr. n Avenue, :	1Ha 7	☐ Change	Addition
CITY-ST-ZIP				CITY-ST-ZIP	<u> Pain</u>	n Beach	FL 334	80		
NAME STREET ADDRESS CITY-ST-ZIP	. / •		Delete · →	NAME STREET ADDRESS CITY-ST-ZIP	1217	icia A. l Peruv	ian Avenue	Suite		Addition
TITLE		·	☐ Delete	TITLE NAME	Pale	n beach	,FL 334	.80	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP					Change	☐ Addition
,	certify that the d on this report ability company	information supplied with is true and accurate and or the eceiver or truste	n this filing dods fot qualify or I that my signature shall have the e impowered to execute this re		ated in Se ect as if m by Chapt	ction 119.07(3) nade under oat ler 608, Florida	(i), Florida Statutes h; that I am a man Statutes.	aging membe	ify that the in r or manage	nformation ir of the
SIGNAT	TURE:	ID TWEED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, MAN.	Doug/a	S A. I	Holder, J	Tr. 4/20/0	04 50	61 - 805 aytime Phone #	-7660