

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015576

FILED  
Jul 07, 2004  
Secretary of State

**Entity Name:** PALM BEACH PROPERTY INDUSTRY LLC

**Current Principal Place of Business:**

1345 AVENUE OF THE AMERICAS, 31ST FLOOR  
ATTN: A. MITCHELL GREENE  
NEW YORK, NY 10105

**New Principal Place of Business:**

**Current Mailing Address:**

1345 AVENUE OF THE AMERICAS, 31ST FLOOR  
ATTN: A. MITCHELL GREENE  
NEW YORK, NY 10105

**New Mailing Address:**

**FEI Number:** 73-1669948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ROSENTHAL, DAVID S  
Address: 701 NEW JERSEY ST  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR ( ) Change (X) Addition  
Name: WARD, FRANCIS  
Address: 818 BELVEDERE RD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID ROSENTHAL

MGR

07/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date