


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90602 001 ***350.00

DOCUMENT # L03000018396	
1. Entity Name 7020 150TH PLACE NORTH, LLC	

Principal Place of Business 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408	Mailing Address 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business <i>11891 US Hwy One</i> Suite, Apt. #, etc. <i>Ste 100</i>	3. Mailing Address <i>11891 US Hwy One</i> Suite, Apt. #, etc. <i>Ste 100</i>
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04132004 Chg-LLC CR2E083 (10/03)

City & State <i>North Palm Beach, FL</i>	City & State <i>North Palm Beach, FL</i>	4. FEI Number <i>32-0077578</i>	Applied For Not Applicable
Zip <i>33408</i>	Country <i>U.S.</i>	Zip <i>33408</i>	Country <i>U.S.</i>

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
11891 U.S. HIGHWAY ONE, SUITE 105
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DONALD R 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CYNTHIA A 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Donald R. Smith* Donald R. Smith 4/29/04 561-622-2700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #