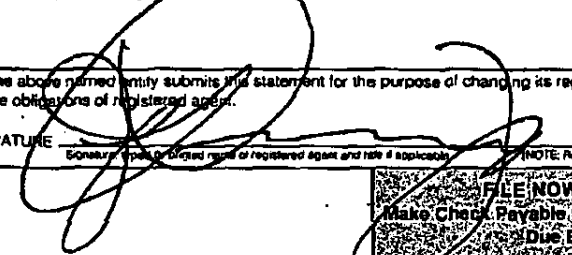
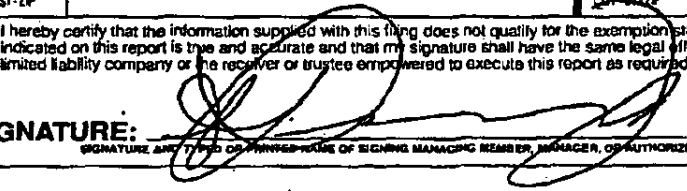


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/12/

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-12-2004 90227 033 ***150.00

DOCUMENT # L03000025727																																													
1. Entity Name TOWNSEND SQUARE, LLC																																													
Principal Place of Business 1600 ROYAL PALM WAY BOCA RATON FL 33432		Mailing Address 1600 ROYAL PALM WAY BOCA RATON FL 33432																																											
2. Principal Place of Business 1201 E HILLSBORO BLVD		3. Mailing Address 1201 E HILLSBORO BLVD																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																											
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH																																											
Zip 33441		Country																																											
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4. Name and Address of Current Registered Agent ROSEMURGY, ALEXANDER S. II 1600 ROYAL PALM WAY BOCA RATON FL 33432		7. Name and Address of New Registered Agent ROSEMURGY, ALEXANDER S. II 1201 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441																																											
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.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																											
SIGNATURE 		DATE 9/8/04																																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES																																											
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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: 		DATE 3/8/04 90227 (551) 571-3701																																											

34004758



MOORE CR2E083 (11/03)

4. FEI Number **20-0254083** Applied For ☐ Not Applicable

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004