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Feb 09, 2004 8:00 am
Secretary of State

01-13-2004 90040 042 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025965

1. Entity Name
176 SUNSET PARKING, L.L.C.

Principal Place of Business	Mailing Address
105 NORTH COUNTY ROAD PALM BEACH, FL 33480	~~105 NORTH COUNTY ROAD~~ PALM BEACH, FL 33480

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 1105
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PALM BEACH, FL
Zip / Country	Zip: 33480 Country: USA

4. FEI Number 75-3123812 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEY, TIMOTHY H 120 BUTLER STREET, SUITE B WEST PALM BEACH, FL 33407	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 ______ Signature, typed or printed name of registered agent and title if applicable. (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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREENE, PETER A		NAME	
STREET ADDRESS	105 NORTH COUNTY ROAD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature], OWNER 2/4/04 5618330555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

PETER A GREENE, OWNER/PRES