2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026692

1. Entity Name
PALAZZO MARE, L.L.C.

Principal Place of Business	Mailing Address
1265 SEMINOLE DR. FT. LAUDERDALE, FL 33304	1265 SEMINOLE DR. FT. LAUDERDALE, FL 33304

01062004 Chg-LLC CR2E083 (10/03) 3/19

2. Principal Place of Business	3. Mailing Address
3025 North Ocean Boulevard	3025 North Ocean Boulevard
Suite, Apt. #, etc. Suite # 4	Suite, Apt. #, etc. Suite # 4
City & State Fort Lauderdale, Florida	City & State Fort Lauderdale, Florida
Zip 33308 Country U.S.A.	Zip 33308 Country U.S.A.

4. FEI Number 81-0630069 ☐ 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
FEINBERG, JEFFREY ESQ FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD, STE 350-N HOLLYWOOD, FL 33021	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] ANTHONY LAWAND, PRINCIPLE MEMBER MARCH 8, 2004
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 MGRM NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY LAWAND 6515 NE 20 AVE FT. LAUD. F/A. 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000000838 01/09/04--80014--020 55.00
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	EDWARD BRIDY 1265 SEMINOLE DR FT. LAUD, F/A 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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] Edward A. Bridy, Principle January 6, 2004 (954) 565-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #