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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 OCT 20 PM 12: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34006099

04162004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000030065

1. Entity Name
P & S, LLC

Principal Place of Business	Mailing Address
6125 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435	6125 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] 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
PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Palm Irrevocable Trust 6125 North Ocean Boulevard Ocean Ridge, FL 33435 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] 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.

By: Palm Irrevocable Trust, Manager

SIGNATURE: By: [signature] [signature] 561-733-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/23/04 Daytime Phone #

Paul Broadhead, Trustee Sherry Broadhead, Trustee