

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

07-30-2004 90133 045 ****50.00

DOCUMENT # L03000030515

1. Entity Name

ROBERT DOUGLAS GROUP, LLC



Principal Place of Business

2401 PGA BLVD, STE 280
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD, STE 280
PALM BEACH GARDENS FL 33410

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

APPLIED FOR

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

~~GARY, JOHN W III~~
GARY, DYTRYCH & RYAN, P.A.
701 U.S. HIGHWAY ONE, STE. 402
NORTH PALM BEACH FL 33408

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROBERT C. SILCOX ☐ Delete
240 HIGH STREET
MAUNT HOLLY NJ 08060
MANAGING MEMBER

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
J. Douglas Green ☐ Delete
23 PHERSANT HILL ROAD
PRINCETON NJ 08540
MANAGING MEMBER

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-26-04

(609) 261-2666