2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000031909

1. Entity Name
124 ROYAL PALM ASSOCIATES, LLC

Principal Place of Business	Mailing Address
215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304	215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
20-0710903		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ
1401 E. BROWARD BLVD. #200
FORT LAUDERDALE, FL 33301

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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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATZEL, BRUCE
STREET ADDRESS	215 N. BIRCH RD. #4-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80033-025 50.00

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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)(l), 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: _____   1/30/05

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