

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034462

1. Entity Name
100% PALM BEACH LTD. CO.



Principal Place of Business
INSURGENTES SUR 1390 COL. ACTIPAN
MEXICO, DISTRITO FEDERAL, 03100

Mailing Address
6019 BOCA COLONY DR APT 214
BOCA RATON, FL 33433



02182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0113268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

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IN THIS SPACE**

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 JIMENEZ CANET, PEDRO SOLIS
STREET ADDRESS INSURGENTES SUR 1390 COL. ACTIPAN
CITY-ST-ZIP MEXICO, DISTRITO FEDERAL, 03100

TITLE MGRM
NAME PETRACCO, XOCHITL
STREET ADDRESS 122 ORCHARD ST.
CITY-ST-ZIP SUMMIT, NJ 02901

TITLE MGRM
NAME AGUDELO, IRIS
STREET ADDRESS 22 WOODSLANE
CITY-ST-ZIP SOUTHAMPTON, NY 11968

TITLE MGRM
NAME WITHAM HOLDING S.A.
STREET ADDRESS 7 VAL SAINTE CROIX
CITY-ST-ZIP LUXEMBOURG L-1374 LUXEMBOURG,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000255191
03/08/05-80001-005 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

March 03/05

Date

561 750 6125

Daytime Phone #