


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 008 \*\*\*\*55.00

<b>DOCUMENT # L03000036393</b>	
1. Entity Name <b>ADMIRALTY TRUST, LLC</b>	

Principal Place of Business 11300 U. S. HIGHWAY ONE 203 NORTH PALM BEACH, FL 33408	Mailing Address 11300 U. S. HIGHWAY ONE 203 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number **14-1908908** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DONALD W**  
**2401 PGA BLVD.**  
**186**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

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.

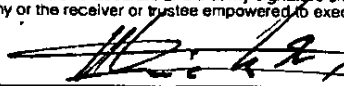
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>MGR</b> <b>FIRST PARTNERS CORPORATION</b> <b>11300 U.S. HIGHWAY ONE</b> <b>NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **H. Max Fricker, MGR** 4/28/2004 (561) 625-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #