

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 039 \*\*\*\*\*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	
2. Principal Place of Business <b>2401 PGA Blvd.</b>		3. Mailing Address <b>2401 PGA Blvd.</b>	
Suite, Apt. #, etc. <b>148</b>		Suite, Apt. #, etc. <b>148</b>	
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>	
Zip <b>33410</b>		Zip <b>33410</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>14-1908908</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		03032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>MILLER, DONALD W</b> <b>2401 PGA BLVD.</b> <b>186</b> <b>PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2401 PGA Boulevard, Suite 148</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>	
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 <b>Miller, Donald W</b> <b>March 10, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>FIRST PARTNERS CORPORATION</b> <input checked="" type="checkbox"/> Delete <b>11300 U.S. HIGHWAY ONE</b> <b>NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>FIRST PARTNERS, LLC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2401 PGA Boulevard, Suite 148</b> <b>Palm Beach Gardens, FL 33410</b>
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
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
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
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.			
<b>SIGNATURE:</b> <b>H. Max Fricker, MGR</b> <b>March 10, 2005</b> <b>(561) 625-1005</b>		Date Daytime Phone #	