


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90022 038 ****50.00

DOCUMENT # L03000038343	
1. Entity Name LIVINGSTON CAPITAL, LLC	

Principal Place of Business PHILLIPS POINT, WEST TOWER 777 SO. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33401	Mailing Address PHILLIPS POINT, WEST TOWER 777 SO. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 37-1479961		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, MARK R C/O KAYE SCHOLER LLP 777 S. FLAGLER DR., STE. 900, WEST TOWER WEST PALM BEACH FL 3340Q		7. Name and Address of New Registered Agent Name BROWN, MARK R. Street Address (P.O. Box Number is Not Acceptable) C/O KAYE SCHOLER LLP 777 S. FLAGLER DR., STE. 900W City WEST PALM BEACH FL Zip Code 33401	
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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 *Mark R. Brown* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGLISH, CHESTER F 7700 S. FLAGLER DR., STE. 900, WEST TOWER WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGLISH, CHESTER F 777 S. FLAGLER DR., STE. 900W WEST PALM BEACH, FL 33401 <input checked="" 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:

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

3/26/04

Date

561-882-3230

Daytime Phone #