2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
01-28-2004 90020 019 ****50.00

34000240

01202004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000040145

1. Entity Name
CABOT CLUB LLC

Principal Place of Business	Mailing Address
WILLIAM R. BOOSE III BOOSE CASEY CIKLIN 515 N FLAGLER DR, STE 1900 WEST PALM BEACH, FL 33401	WILLIAM R. BOOSE III BOOSE CASEY CIKLIN 515 N FLAGLER DR, STE 1900 WEST PALM BEACH, FL 33401

2. Principal Place of Business		3. Mailing Address	
		CABOT CLUB LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1601 FORUM Pl. #603	
City & State		City & State West Palm BeacH FL	
Zip	Country	Zip 33401	Country USA

4. FEI Number 20-0302280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOOSE, WILLIAM R III 515 N FLAGLER DR, STE 1900 WEST PALM BEACH, FL 33401	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 ______________________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELLER, HARVEY 1601 FORUM PLACE, STE. 603 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 ______________________________ 1/21/04 561-616-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

HARVEY GELLER, MGR

Attachment IP
34000240
LU300004045

Internal Revenue Service

DEPARTMENT OF THE TREASURY

The Digital Daily

Federal Tax ID / EI

This is your provisional Employer Identification Number:

20-0302280

Today's Date is: October 15, 2003 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 | Print Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.