

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040788**

1. Entity Name  
**ROYAL PALM DISTRIBUTORS, LLC**



Principal Place of Business  
**2875 NE 191 STREET  
 SUITE 800  
 MIAMI, FL 33180**

Mailing Address  
**2875 NE 191 STREET  
 SUITE 800  
 MIAMI, FL 33180**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0334482**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVENUE, SUITE 125  
 CORAL GABLES, FL 33146**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

Make check payable to  
**Florida Department of State**

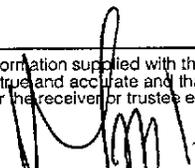
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GILINSKI, ABRAHAM	
STREET ADDRESS	228 PARK DRIVE	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GILINSKI, MOISES	
STREET ADDRESS	287 BAL CROSS DRIVE	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IASLOVITS, MICHAEL	
STREET ADDRESS	168 CAMDEM DRIVE	
CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000368048	
STREET ADDRESS	05/23/05-80011-019 50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **Date** 05/19/05 **Daytime Phone #** 305 933 9790

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