

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-03-2004 90194 002 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000046357

1. Entity Name

900 NORTH DIXIE PROPERTY, L.L.C.



Principal Place of Business
900 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

Mailing Address
900 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

34002474



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)

20-0854784-5

4. FEI Number

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

CONSIDINE, JOSEPH M
515 N. FLAGLER DRIVE, SUITE 702
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 Agents signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
DOWNTOWN MARATHON, INC.
900 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

Delete

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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)(h), 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: *Glenn Ferguson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/04 561 832 7338
Daytime Phone