

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

1/14

01-14-2005 90037 041 ****50.00

DOCUMENT # L04000000189 1. Entity Name PALM 04, L.L.C.					
Principal Place of Business 107 ALDER AVENUE SE (OFFICE) FORT WALTON BEACH, FL 32548			Mailing Address 107 ALDER AVENUE SE (OFFICE) FORT WALTON BEACH, FL 32548		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FOSTER, WILLIAM S. 809 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name GARDNER, MARK A. Street Address (P.O. Box Number is Not Acceptable) 646 PORPOISE AVE City FORT WALTON BEACH FL Zip Code 32548		
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 <u><i>Mark A. Gardner</i></u> DATE <u>1-11-05</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER ENTERPRISES, LLC 107 ALDER AVENUE SE (OFFICE) FORT WALTON BEACH, FL 32548 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 606, Florida Statutes.					
SIGNATURE: <u><i>Mark A. Gardner</i></u>			01/11/05 850-244-4848		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1217456** Applied For ☐ Not Applicable ☐

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