APR-25-2005 MON 05:15 PM THE BROWN CO'S FAX 5/2

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90370 046 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041017

1. Entity Name
THE NEW WEST PALM BEACH ASSOCIATES, L.C.

30008901

Principal Place of Business	Mailing Address
7661-B LAKE WORTH ROAD LAKE WORTH, FL 33467	7661-B LAKE WORTH ROAD LAKE WORTH, FL 33467

2. Principal Place of Business	3. Mailing Address
7753 Lakeworth RD	7753 Lakeworth RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeworth Fl	City & State: Lakeworth Fl
Zip: 33467 Country:	Zip: 33467 Country:

04252005 Chg-LLC CR2E063 (10/03)

4. FEI Number: 14-1926350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ~~NO~~ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, GEORGE W III,ESQ
1325 SOUTH CONGRESS AVE., SUITE 104
BOYNTON BEACH, FL 33426

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 ______________________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	TEXAS WEST PALM, L.C.	
STREET ADDRESS	~~7661-B~~ LAKE WORTH ROAD 7753 Lakeworth RD.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: X [signature] April 24, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #