

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 039 ****50.00

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DOCUMENT # L04Q00061468 1. Entity Name PALM CITY BEACH, LLC																																																																																
Principal Place of Business 3463 SW DEGGER COURT PALM CITY, FL 34990				Mailing Address 3463 SW DEGGER COURT PALM CITY, FL 34990																																																																												
2. Principal Place of Business 3953 SW BRUNER TERRACE Suite, Apt. #, etc.		3. Mailing Address 3953 SW BRUNER TERRACE Suite, Apt. #, etc.		07052005 Chg-LLC CR2E083 (10/03)																																																																												
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number 61-1474792																																																																												
Zip 34990		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																												
6. Name and Address of Current Registered Agent DVORAK, THOMAS W 2055 SOUTH KANNER HIGHWAY STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																												
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																																																																														
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td>MGR</td> <td>GLEN R. SNOW</td> <td>3112 SW SEABOARD AVENUE</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>PALM CITY, FL 34990</td> <td> </td> </tr> <tr> <td> </td> <td>MGR</td> <td>DARCY A. GRIFFITHS SNOW</td> <td>3112 SW SEABOARD AVENUE</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>PALM CITY, FL 34990</td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete																															TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		MGR	GLEN R. SNOW	3112 SW SEABOARD AVENUE					PALM CITY, FL 34990			MGR	DARCY A. GRIFFITHS SNOW	3112 SW SEABOARD AVENUE					PALM CITY, FL 34990																
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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 608, Florida Statutes.																																																																																
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> GLEN R. SNOW <small>Date</small> </div> <div> (772) 220-2242 <small>Daytime Phone #</small> </div> </div>																																																																																