


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-20-2005 90008 019 ****50.00

DOCUMENT # L04000077444
 1. Entity Name
 170 LOGGERHEAD PARTNERS, LLC



Principal Place of Business
 1201 US HIGHWAY ONE, SUITE 435
 NORTH PALM BEACH, FL 33408

Mailing Address
 1201 US HIGHWAY ONE, SUITE 435
 NORTH PALM BEACH, FL 33408

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1792395

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

KAMINSKI, CAROL ANN
 1201 US HIGHWAY ONE, SUITE 435
 NORTH PALM BEACH, FL 33408

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 state 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.
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B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNY, MICHAEL 1201 US HIGHWAY ONE, SUITE 435 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: J Kevin Kenny JKevinKenny 1-14-05 561-626-5472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #