

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080553

FILED
Feb 10, 2005
Secretary of State

Entity Name: CROOKED PALM GALLERY, LLC

Current Principal Place of Business:

2 ST. GEORGE STREET
UNIT 101
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

2 ST. GEORGE STREET
UNIT 101
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 16-1710034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINSCH, MARK A
2700 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WEEKS, WILLIAM C JR.
Address: 2 ST. GEORGE STREET, UNIT 101
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: KING-WEEKS, A. KAREN
Address: 2 ST. GEORGE STREET, UNIT 101
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: KING, ANDREA E
Address: 2 ST. GEORGE STREET, UNIT 101
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: A. KAREN KING-WEEKS

MGRM

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date