


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090338 1. Entity Name PALM BEACH REAL ESTATE PROPERTIES, LLC						FILED 05 MAR 18 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 150 BRADLEY PLACE 309 PALM BEACH, FL 33480 US				Mailing Address 150 BRADLEY PLACE 309 PALM BEACH, FL 33480 US			
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 PEARL TARA E 150 BRADLEY PLACE 309 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 41-2164491			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
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				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MGRM PEARL TARA E 150 BRADLEY PLACE PALM BEACH, FL 33480				100047254111 02/25/05--01003--001 **400.00			
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						Date: 2/14/05	
Daytime Phone #: 561-833-0238						561-833-0238	