


FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 032 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000074190			
1. Entity Name ST. REGIS 2004, LLC			
Principal Place of Business 3700 AIRPORT ROAD #401 BOCA RATON, FL 33431		Mailing Address 3700 AIRPORT ROAD #401 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SISKIND, JEFFREY M 525 S. FLAGLER DRIVE STE. 200 WEST PALM BEACH, FL 33401		Name <i>Kenneth Shimm</i> Street Address (P.O. Box Number is Not Acceptable) <i>3700 Airport Rd Suite # 401</i> City <i>Boca Raton</i> FL Zip Code <i>33431</i>	
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 <i>Kenneth Shimm</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>4/1/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Kenneth Shimm 3700 Airport Rd Suite # 401 Boca Raton FL 33431</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Kenneth Shimm 3700 Airport Rd Suite # 401 Boca Raton, FL 33431</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kenneth Shimm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <i>4/1/08</i> Daytime Phone # <i>954-288-6811</i>	

60020319



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number *051-26-7052* Applied For
Not Applicable

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