


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED ID
 Feb 02, 2004 08:00 AM
 Secretary of State
 BY: Q # 5344 - 50.00
 G/L # 48500

DOCUMENT # L93000000057

1. Entity Name
 DOWNTOWN WEST PALM BEACH LIMITED COMPANY



Principal Place of Business
 7965 LANTANA ROAD
 LAKE WORTH, FL 33467

Mailing Address
 P.O. BOX 541779
 LAKE WORTH, FL 33454

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0400814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MECCA, PETER L
 7965 LANTANA ROAD
 LAKE WORTH, FL 33467

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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 title if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$50.00 Due by May 1, 2004

100000024826
 02/02/04-80076-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, PETER L 7965 LANTANA ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, LOUIS W 7965 LANTANA ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, LEONARD P 7965 LANTANA ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIERO, VICTOR 10549 MAIN STREET NORTH COLLINS, NY 14111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, THOMAS 7965 LANTANA ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMIGIEL, GARY 7965 LANTANA ROAD LAKE WORTH, FL 33467

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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 Leonard Mecca Leonard mecca 1/29/04 561-968-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #