

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED ID
Feb 02, 2004 08:00 AM
Secretary of State
BY: [Signature] # 5344 -50.00
G/C # 48500



01272004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0400814

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
MECCA, PETER L
7965 LANTANA ROAD
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000024826
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

**DO NOT WRITE
IN THIS SPACE**

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 #