


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0400814	
Zip Country		Zip Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					



1st MOORE CR2E083 (10/04)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, PETER L		NAME		
STREET ADDRESS	7965 LANTANA ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, LOUIS W		NAME		
STREET ADDRESS	7965 LANTANA ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, LEONARD P		NAME		
STREET ADDRESS	7965 LANTANA ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIERO, VICTOR		NAME		
STREET ADDRESS	10549 MAIN STREET		STREET ADDRESS		
CITY - ST - ZIP	NORTH COLLINS NY 14111		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, THOMAS		NAME		
STREET ADDRESS	7965 LANTANA ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMIGIEL, GARY		NAME		
STREET ADDRESS	7965 LANTANA ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		

U00000249130
03/02/05-80056-021 50.00

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 2/25/05 561-968-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #