SUBJECT TO A $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN -7 AM 9:28

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L95000000400

1. Name and Mailing Address of Limited Liability Company

PALM BEACH ASSETS, L.C.
3910 RCA BLVD.
SUITE 1011
PALM BEACH GARDENS FL 33410

3910 RCA BLVD.
SUITE 1011
PALM BEACH GARDENS FL 33410

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 05/23/1995
3a. State of Formation: FL
4. FEI Number: 65-0583429 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 06/02/1998
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

BILLS, JOHN C
3910 RCA BLVD.
SUITE 1011
PALM BEACH GARDENS FL 33410

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BILLS, JOHN C	3910 RCA BLVD.	PALM BEACH GARDENS F
MGRM	BILLS, VIRGINIA K	3910 RCA BLVD.	PALM BEACH GARDENS F
MGRM	THOMAS D. & BONNIE T.	~~730 E. DURANT, SUITE 200~~	~~ASPEN~~ CO

05/06/99-90017-038
#188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)

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