## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001111

Entity Name: 97 PALMS SOUTH, L.C.

235 VIA DESTE

DELRAY BEACH, FL 33445

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3827 W. ATLANTIC AVE. DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 3827 W. ATLANTIC AVE DELRAY BEACH, FL 33445 FEI Number: 65-0850302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLYNN, ROBERT A 3827 W. ATLANTIC AVE. DELRAY BEACH, FL 33445 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete MAXWELL, MATTHEW Name: Name: 7939 MANOR FOREST DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33462 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition TUFTS, PAUL Name: Name: Address: 9357 CALLIANDRA DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TUFTS, KATHY Name: Name: Address: 9357 CALLIANDRA DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: GLYNN, ROBERT Name: 3827 WEST ATLANTIC AVE. Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition GLYNN, GAIL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: PAUL TUFTS MGRM 04/30/2004