

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L98000001111

FILED
Feb 09, 2005
Secretary of State**Entity Name:** 97 PALMS SOUTH, L.C.**Current Principal Place of Business:**3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445**New Principal Place of Business:****Current Mailing Address:**3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445**New Mailing Address:****FEI Number:** 65-0850302**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLYNN, ROBERT A
3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445 US**Name and Address of New Registered Agent:**

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:**Title:** MGRM () Delete
Name: MAXWELL, MATTHEW
Address: 7939 MANOR FOREST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33462**Title:** MGRM () Delete
Name: TUFTS, PAUL
Address: 9357 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** MGRM () Delete
Name: TUFTS, KATHY
Address: 9357 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** MGRM () Delete
Name: GLYNN, ROBERT
Address: 3827 WEST ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445**Title:** MGRM () Delete
Name: GLYNN, GAIL
Address: 235 VIA DESTE
City-St-Zip: DELRAY BEACH, FL 33445**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: JENNINGS, VINCE
Address: 180 CHAPEL HILL ROAD
City-St-Zip: RED BANK, NJ 07701

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.

SIGNATURE: ROBERT A GLYNN

MM

02/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date