LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90999 019 ****50.00

DOCUMENT # L98000001111

1. Entity Name
97 Palms South, LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3827 W. Atlantic Ave	3827 W Atlantic Ave
te, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, Fl	City & State: Delray Beach, Fl.
Zip: 33445 Country: USA	Zip: 33445 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650850302 — Applied For ☐ / Not Applicable ☑

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert A. Glynn
Street Address (P.O. Box Number is Not Acceptable): 3827 W. Atlantic Ave
City: Delray Beach FL Zip Code: 33445

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: 4/22/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Matthew & Katheryn Maxwell	NAME	
STREET ADDRESS	7939 Manor Forest Drive	STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, Fl. 33462	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Paul & Kathy Tufts	NAME	
STREET ADDRESS	9357 Calibandra Drive	STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	CITY-ST-ZIP	
TITLE	Robert Glynn President	TITLE	
NAME		NAME	
STREET ADDRESS	3827 W. Atlantic Ave	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33445	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	MGRM	TITLE	**IN THIS SPACE**
NAME	Gail Glynn	NAME	
STREET ADDRESS	235 Via D'Este	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach Fl 33445	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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.

661 243

SIGNATURE: Robert A. Glynn 4/22/03 6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #