

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000577

1. Entity Name  
PALM BEACH ASSET MANAGEMENT, LLC

Principal Place of Business  
249 ROYAL PALM WAY, SUITE 400  
PALM BEACH FL 33480

Mailing Address  
249 ROYAL PALM WAY, SUITE 400  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0897203

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEVERETT, PATRICE J  
249 ROYAL PALM WAY, SUITE 400  
PALM BEACH FL 33480

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.

SIGNATURE *Patrice J neverett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004194683--8  
-05/10/01--01142--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME JARMEL, ANDREW  
STREET ADDRESS 249 ROYAL PALM WAY, SUITE 400  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

561-650-0200

Date

Daytime Phone #

0015887 AF

CR2E083 (11/00)

FILED  
01 APR 26 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



RJH

DO NOT WRITE IN THIS SPACE