

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90467 001 ****50.00
 05-14-2002 90467 002 *****5.00

DOCUMENT # L99000002951

1. Entity Name

PALM BEACH INTERNATIONAL TRADE CENTER, LLC

Principal Place of Business

1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

Country

33134

USA

Zip

Country

33134

USA

4. FEI Number

65-0929625

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT, INC.
 1717 NORTH BAYSHORE DRIVE, SUITE 208
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
S & K Property Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 800
 City
Coral Gables **FL** Zip Code
33134

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 *Lidia Cartaya* **Vice President** **04/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

LIDIA CARTAYA

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	AMERICAN EQUITY PARTNERS NO. 4, INC.	1717 NORTH BAYSHORE DR., SUITE 208	MIAMI FL 33132	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MGRM			
	American Equity Partners No. 4, Inc	150 Alhambra Circle, Suite 800	Coral Gables, FL 33134	

CR2E083 (9/01)

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: *Lidia Cartaya* **SIGNATURE REQUIRED** **Vice President** **04/29/02** **(305) 476-0955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #