

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002520

1. Entity Name
STARWOOD WASSERMAN PALM BEACH LLC



Principal Place of Business
**ONE PARK ROW, 4TH FLOOR
PROVIDENCE, RI 02903**

Mailing Address
**PO BOX 6187
PROVIDENCE, RI 02940**

DO NOT WRITE IN THIS SPACE



05202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
05-0512266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
STARWOOD WASSERMAN LLC
ONE PARK ROW, STE 4
PROVIDENCE, RI 02903**

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07/23/04-80010-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE:

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

Richard Wasserman

7/19/04

Date

401-274-5700

Daytime Phone #