## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 26, 2005 08:00 AM Secretary of State

| ANNUAL REPURI  |  |
|--|--|
| DOCUMENT # M0200001335  1. Entity Name PALM BEACH INTRODUCTIONS, LLC |  |
| _  |  |

Principal Place of Business

Mailing Address

4440 PGA BLVD., STE. 306 PALM BEACH GARDENS, FL 33410 4440 PGA BLVD., STE. 306 Palm Beach Gardens, Fl. 33410



## DO NOT WRITE IN THIS SPACE

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

02112005 No Chg-LLC CR2E083 (10/03)

| 4. | FEI Number |
|----|------------|
|    | 22-3818390 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

Date

| 6. | Name | and | Add. | res: | s of | Cun | ent | Regis          | tered . | Ageni |
|----|------|-----|------|------|------|-----|-----|----------------|---------|-------|
|    | · -  |     | -    | _    |      |     |     | <del>-</del> - |         | -     |

CONAGHAN, DENISE 4440 PGA BLVD., STE. 306 PALM BEACH GARDENS, FL 33410

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the purpose of chan ions of registered agent.   | ging its registered office or registered agent, or b   | oth, in the State of Flor   | ida. I am familiar with, and accept                                 |
|--|---|--|---|---|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE Registered Agent signature required when reinstating)  | -   | DATE  |
| Fi   | ling Fee is \$50.00<br>ue by May 1, 2005  |  | . ज़िल्लाम् इ   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |  | A AMERICA   | ·   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP | MGR<br>CONAGHAN, DENISE<br>6 NICHOLSON KEY<br>COLTS NECK, NJ 07722  |  | U000002<br>:7-(7-26/05-8  | 77657<br>80038-005 50.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |   |
| TITLE NAME STREET ADDRESS CITY:-ST-ZIP         |   | DO   | NOT W   | RITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | IN   | THIS SP   | ACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  | ang                           |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | _   |  |   |   |
| 11. I hereby c<br>Indicated<br>limited liab    | ertify that the information supplied with this filing does not ou<br>on this report is true and accurate and that my signature sha<br>pility company or the receiver or trustee empowered to execu- | alify for the exemption stated in Section 119.07(3)<br>Il have the same legal effect as if made under oat<br>the My report as required by Chapter 608, Florida | )(i), Florida Statutes. I I<br>h; that I am a managi<br>Statutes. | further certify that the information<br>ng member or manager of the |