

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002626



Entity Name  
PALM BEACH ENTERPRISES, LLC

Principal Place of Business  
800 OCEAN DRIVE, UNIT #205  
JUNO BEACH, FL 33408

Mailing Address  
800 OCEAN DRIVE, UNIT #205  
JUNO BEACH, FL 33408



03222004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1422042

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARRIS, J. RICHARD ESQ  
4400 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**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, word, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
INLAND ELECTRIC CORP.  
611 W. JEFFERSON STREET  
SHOREWOOD, IL 60431

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
MATTOX, EDWARD  
611 W. JEFFERSON STREET  
SHOREWOOD, IL 60431

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000110423  
04/12/04-80083-006 50.00

**DO NOT WRITE  
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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #