2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M02000002993

1. Entity Name

PALM BEACH PARK CENTRE 4 LLC

Principal Place of Business	Mailing Address
15 MAIDEN LANE, SUITE 1300 NEW YORK NY 10038	15 MAIDEN LANE, SUITE 1300 NEW YORK NY 10038

MOORE   CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State	**4. FEI Number** 13-3381958	Applied For / Not Applicable
Zip	Country	Zip	Country

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
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301	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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME HELLER, MELVIN STREET ADDRESS 15 MAIDEN LANE, SUITE 1300 CITY-ST-ZIP NEW YORK NY 10038	☐ Delete	TITLE NAME STREET ADDRESS U000000072976 CITY-ST-ZIP 03/02/04-80017-003 55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #