2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					FILED				
DOCUMENT # M02000002993									
Entity Name PALM BEACH PARK CENTRE 4 LLC .					08 JUN 12 AM 11: 38				
Principal Place of Business Mailing Address				<u>are</u>	τλ	JECRETARY ILLAHASSE	OF STA	ATE RIDA	
Principal Place of Business Mailing Address 5 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038 Mailing Address 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038					17.	LLAIMOOL	.E. I LUI	NIDA	
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address Po Box 3/47 Suite, Apt. #, etc. Suite, Apt. #, etc.									
					05272008	Chg-LLC	CR2E08	3 (12/06)	
Palm Beach +1 Pol		•	Palms Beach +1		4. FEI Number 76-0752				plied For t Applicable
3348	Po Country	33480	Country		5. Certificate of	of Status Desired		5.00 Addi ee Required	
		7. Name and	Address of New R	egistered A	gent				
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301									
			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									
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not									
9.	MANAGING MEMBER	IRS/MANAGERS	10.			ADDITIONS/	CHANGES		,
TITLE N									
	MGR HELLER MELVIN	☐ Delete	TITLE	Sec	y/me	R Par	1	☐ Change	Addition
NAME H STREET ADORESS 1	HELLER, MELVIN 5 MAIDEN LANE, SUITE 1300	☐ Delete	NAME STREET ADDRESS	Sec Ma 440	1450 Ro	TO Palm	Way	_ `_	Addition
NAME H STREET ADDRESS 11: CITY-ST-ZIP N	HELLER, MELVIN		NAME STREET ADDRESS CITY-ST-ZIP	Sec Ma 440 P.O.C	4/ME 1450 Ro 30x 314	yal Palm	Way Beach	_ 17-13	Addition 3480
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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE NAME TITLE T	tify that the information supplied with the this report is true and accurate and tity company or the receiver or trustee.	Delete Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP	P.O. L	1450 Ro 3 ox 3 14 90 06/17	yab Palm 7 Palm 101313 10801004	Beach 3893005	Change Change Change Change Change	3/80 Addition 2.5 Addition Addition