


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002995 1. Entity Name PALM BEACH PARK CENTRE 3 LLC	
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Principal Place of Business 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038	Mailing Address 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038
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DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HELLER, MELVIN 15 MAIDEN LANE, SUITE 1300 NEW YORK, NY 10038
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 608, Florida Statutes.

SIGNATURE: James P. Fawcett **MANAGING AGENT** 2/7/05 561-833-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JAMES P. FAWCETT