

Sep. 30, 2004 3:57PM Parthenon Realty LLC

P.02

Sep-30-04 04:20P Parthenon R1ty WPB

561 712 8495

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 AM 9:11

DOCUMENT # M03000001644

1. Entity Name
PARTHENON REALTY, LLC

04 OCT -1 AM 9:11



Principal Place of Business

**250 AUSTRALIAN AVENUE SOUTH SUITE 500
WEST PALM BEACH, FL 33401**

Mailing Address

**250 AUSTRALIAN AVENUE SOUTH SUITE 500
WEST PALM BEACH, FL 33401**

2. Principal Place of Business

Suite Apt # etc.

City & State

Zip

3. Mailing Address

Suite Apt # etc.

City & State

Zip

Country

08302004 Chg LLC CR2E063 (10/03)

4. FBI Number

5. Certificate of Status Filled ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD SUITE 1500 (LAD)
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 to the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____

**Filing Fee is \$80.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

NAME	STREET ADDRESS	CITY	ST	ZIP	DELETE
MGR CUNNINGHAM, DREW P	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐
MGR JACOBSON, JOHN	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐
MGR NEIBART, LEE	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐
MGR MACK, WILLIAM	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐
MGR FREEMAN, WILLIAM F III	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐
MGR CHESHER, TODD	250 AUSTRALIAN AVENUE SOUTH SUITE 500	WEST PALM BEACH	FL	33401	☐

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

800041610328

10/05/04--01077--001 *50.00**

[Signature]

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

11. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Sections 192.07(3)(b), Chapter 218, Florida Statutes. I further certify that the information furnished on this report is true and accurate, and that my position with the entity is such that I am in a position to know the truth of the information furnished on this report. I am a duly authorized officer or manager of the entity and I am authorized to sign this report as required by Chapter 218, Florida Statutes.

SIGNATURE: *[Signature]*

9/30/04

Sep-30-04 04:55P Parthenon Rlty WPB
Sep-30-2004 3:58PM Parthenon Health LLC

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Sep-30-04 04:20P Parthenon Rlty WPB

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9. Managing Members/Manager (continued)

TITLE	MGR
NAME	PAIGE, STEVEN J.
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 500
CITY-ST-ZIP	WEST PALM BEACH, FL 33401