## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## **DOCUMENT # M03000002435**

1. Entity Name

NAME

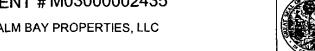
TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



BARTON PALM BAY PROPERTIES, LLC 24059690 Principal Place of Business Mailing Address 823 N. ELM STREET, #200 823 N. ELM STREET. #200 GREENSBORO, NC 27401-1539 GREENSBORO, NC 27401-1539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number 59-2435176 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN D. BELL & COMPANY Street Address (P.O. Box Number is Not Acceptable) C/O LE CLUB @ SAGA BAY .8630 SW 212TH STREET MIAMI, FL 33189 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 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSCEOLA GROVES, INC. NAME NAME STREET ADDRESS 1815 THORNHILL ROAD STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-7/P CITY-ST-ZIP TITLE 🦃 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

**FILED** 

Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90075 011 \*\*\*\*50.00

☐ 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:	Stem	D. Reec	4-28-04	336-272-7196
	PRINTED NAME OF SIGNING	G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESEN	NTATIVE Date	Daytime Phone #