

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUN 12 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M04000001860</b> 1. Entity Name <b>PALM BEACH CENTRE MANAGER LLC</b>			
Principal Place of Business <b>15 MAIDEN LANE SUITE 1300 NEW YORK, NY 10038</b>		Mailing Address <b>15 MAIDEN LANE SUITE 1300 NEW YORK, NY 10038</b>	
2. Principal Place of Business - No P.O. Box # <b>440/450 Royal Palm Way</b>		3. Mailing Address <b>P.O. Box 3147</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Palm Beach FL</b>		City & State <b>Palm Beach FL</b>	
Zip <b>33480</b>		Zip <b>33480</b>	
Country 		Country 	
4. FEI Number <b>13-3381958</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH LTD. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>520 BROADWAY COMPANY, L.P. 15 MAIDEN LANE NEW YORK, NY 10038</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr/secy marni Proff 440/450 Royal Palm Way PO Box 3147 PALM BEACH FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500131389415 06/17/08--01004--005 **416.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Marni Proff</b>		Date: <b>6/9/08</b> Daytime Phone #: <b>745 4858</b>	