FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90025 039 ****50.00

2004

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/24/200

DOCUMENT # M98000000099

1. Entity Name

ROYAL PALM WAY LLC
109 Royal Palm Way, Palm Beach, FL 33480

Principal Place of Business	Mailing Address
% SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY, NY 11797	% SALLY BIONDO 7600 JERICHO TURNPIKE WOODBURY NY 11797 (LLP)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3416995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD K. BLODNICK
17555 COLINS AVE.
SUNNY ISLE BEACH
MIAMI FLA. 33160

7. Name and Address of New Registered Agent

Name

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

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003 pd.

4/6/04 paid

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BIONDO, SALLY		NAME		
STREET ADDRESS	7600 JERICHO TURNPIKE		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY 11797 (LLP)		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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.

SIGNATURE: ____________________ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #