

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000006198 1. Entity Name THREE PALMS ASSOCIATES, INC.						FILED 05 MAR 24 AM 8: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 301 CLEMATIS ST SUITE 201 WEST PALM BEACH, FL 33401 US				Mailing Address 301 CLEMATIS ST SUITE 201 WEST PALM BEACH, FL 33401 US			
2. Principal Place of Business 2141 Alternate A-1-A, So.				3. Mailing Address 2141 Alternate A-1-A, So.			
Suite, Apt. #, etc. Suite 330				Suite, Apt. #, etc. Suite 330			
City & State Jupiter, FL				City & State Jupiter, FL			
Zip 33477		Country USA		Zip 33477		Country USA	
4. FEI Number 65-0377208				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent BRODY, ROBERT 1601 FORUM PLACE CENTURION TOWER WEST PALM BCH, FL 33401				7. Name and Address of New Registered Agent Name Brody, Robert Street Address (P.O. Box Number is Not Acceptable) 301 Clematis St. Suite 201 City West Palm Beach FL Zip Code 33401 USA			
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: _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FROMER, ROBERT L 227 DOCK LANE KINGS POINT, N			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FROMER, ANN R 227 DOCK LANE KINGS POINT, N			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FROMER, TONY 5 POND RD KINGS POINT, NY			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<div style="text-align: center;"> 700049681557 04/01/2005--01064--005 ***61.25 </div>							
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Robert Fromer</u> 3/4/2005 (561) 575-4711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							