
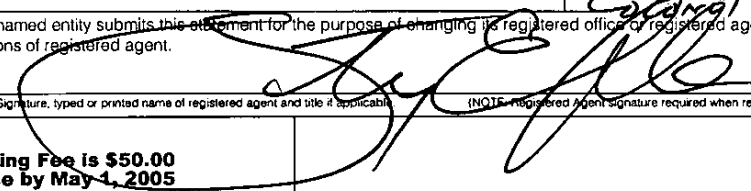
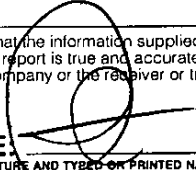


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 009 ****50.00

DOCUMENT # L02000004166			
1. Entity Name PALAZZO ESTATES GROUP, LLC			
Principal Place of Business 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131		Mailing Address 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131	
2. Principal Place of Business 2929 S.W. 3 RD AVE SUITE 520 MIAMI, FL 33129 USA		3. Mailing Address 2929 S.W. 3 RD AVE SUITE 520 MIAMI, FL 33129 USA	
4192005 Chg-LLC CR2E083 (10/03)		4. FEI Number 75-3013240	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THORNE, ROBERT 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: ALVAREZ ELIA EK 2 RODRIGUEZ, P.L. Street Address (P.O. Box or PO is Not Acceptable): 2601 S. Bayshore Dr. Suite 600 City: Coconut Grove FL Zip Code: 33133	
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	
Filing Fee is \$50.00 Due by May 4, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: THORNE, ROBERT F STREET ADDRESS: 1110 BRICKELL AVE., SUITE 504 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: MGR NAME: THORNE, ROBERT F STREET ADDRESS: 2929 SW 3RD AVE SUITE # 520 CITY-ST-ZIP: MIAMI, FL 33129	<input checked="" 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
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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 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 		Date: 4/27/05 (305) 424-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	