


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90030 012 \*\*\*\*50.00


<b>DOCUMENT # L04000021321</b> 1. Entity Name <b>JT PALM PROPERTIES, LLC</b>	
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Principal Place of Business <b>1 JULIANS WAY</b> <b>SARATOGA SPRINGS, NY 12866</b>	Mailing Address <b>1 JULIANS WAY</b> <b>SARATOGA SPRINGS, NY 12866</b>
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14003300

~~c/o Capital Realty Adv, Inc. c/o Capital Realty Adv~~

2. Principal Place of Business <b>600 Sandtree Drive</b> Suite, Apt. #, etc. <b>Suite 109</b> City & State <b>Palm Beach Gardens, FL</b> Zip Country <b>33403 Palm Beach</b>	3. Mailing Address <b>600 Sandtree Drive</b> Suite, Apt. #, etc. <b>Suite 109</b> City & State <b>Palm Beach Gardens, FL</b> Zip Country <b>33403 Palm Beach</b>
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4. FEI Number <b>20-0934049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>WILSON, MICHAEL J</b> <b>200 S ORANGE AVE</b> <b>SARASOTA, FL 34236</b>
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<b>7. Name and Address of New Registered Agent</b>  Name <b>Donna McDonald</b> Street Address (P.O. Box Number is Not Acceptable) <del>c/o Capital Realty Advisors, Inc.</del> <b>600 Sandtree Drive, Suite 109</b> City <b>Palm Beach Gardens</b>	FL Zip Code <b>33403</b>
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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 *Donna McDonald* DATE 4-18-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete <b>Anthony Mitola</b> <b>1 Julians Way</b> <b>Saratoga Springs, NY 12866</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete <b>Joan Mitola</b> <b>1 Julians Way</b> <b>Saratoga Springs, NY 12866</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 *Anthony Mitola* **ANTHONY MITOLA** APRIL 24<sup>TH</sup>, 2005 (510) 580-8779  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #