

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091214

Entity Name: 711 PALM AVENUE, LLC

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

C/O KAREN MELK
500 S. PALM AVE. PENTHOUSE
SARASOTA, FL 34236

New Principal Place of Business:

C/O KAREN MELK
500 S. PALM AVE, PENTHOUSE
SARASOTA, FL 34236

Current Mailing Address:

C/O KAREN MELK
500 S. PALM AVE. PENTHOUSE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-2028978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELK, KAREN
1 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

Name and Address of New Registered Agent:

MELK, KAREN
500 SOUTH PALM AVENUE
PENTHOUSE
SARASOTA, FL 34236 US

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.

SIGNATURE: KAREN MELK

03/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELK, KAREN
Address: 1 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGRM (X) Delete
Name: MELK, JOHN
Address: 1 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: MELK, KAREN
Address: 500 SOUTH PALM AVENUE, PENTHOUSE
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN MELK

MGMR

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date