


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90340 035 \*\*\*\*50.00  
 05-14-2007 90369 003 \*\*\*\*50.00

**DOCUMENT # L06000058959**

1. Entity Name  
**PALMER ISLAND LLC**



Principal Place of Business  
**4320 UNION SQUARE BLVD., #244  
 PALM BEACH GARDEN, FL 33410**

Mailing Address  
**4320 UNION SQUARE BLVD., #244  
 PALM BEACH GARDEN, FL 33410**

40113640



2. Principal Place of Business - No P.O. Box #  
**4650 Donald Ross Road**

3. Mailing Address  
**4650 Donald Ross Road**

Suite, Apt. #, etc.  
**Suite #116**

Suite, Apt. #, etc.  
**Suite #116**

City & State  
**Palm Beach Gardens**

City & State  
**Palm Beach Gardens**

Zip  
**33410**

Country  
**USA**

Zip  
**33410**

Country  
**USA**

04092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**CHEUNG, SHUK HUN  
 4320 UNION SQUARE BLVD., #244  
 PALM BEACH GARDEN, FL 33410**

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

4. FEI Number  
**20-5020196**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEUNG, SHUK HUN 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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	MGR CHEUNG, MAU CHUNG 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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	MGR ZHANG, SU MIN 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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	MGR QIU, JUN MING 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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	MGR WONG, TAM SING 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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	MGR WU, KUAN RONG 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410	<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 exemptions contained in Chapter 119, 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SHUK H CHEUNG** 4/10/07 90369 9883  
Date Daytime Phone #