


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000058959 1. Entity Name PALMER ISLAND LLC	
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Principal Place of Business 4650 DONALD ROSS RD STE 116 PALM BEACH GARDEN, FL 33410	Mailing Address 4650 DONALD ROSS RD STE 116 PALM BEACH GARDEN, FL 33410
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01072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5020196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEUNG, SHUK HUN 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEUNG, MAU CHUNG 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHANG, SU MIN 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QIU, JUN MING 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, TAM SING 4320 UNION SQUARE BLVD., #244 PALM BEACH GARDEN, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TANG, WAN SANG 4176 INVERRARY DR. #305 LAUDERHILL, FL 33319

**DO NOT WRITE IN THIS SPACE**

U00000783261  
 01/16/08-80008-007 138.75

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: X [Signature] Date: 01/14/08 (201) 498-7859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #