

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047587

Entity Name: 217 PALM, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

ATTN: DONALD GROH & RICHARD GROH  
27501 S. DIXIE HIGHWAY, SUITE 402  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: DONALD GROH & RICHARD GROH  
27501 S. DIXIE HIGHWAY, SUITE 402  
NARANJA, FL 33032

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KRINZMAN, ALAN E ESQ.  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      GROH, RICHARD  
Address:                      27501 S. DIXIE HIGHWAY, STE 402  
City-St-Zip:                      NARANJA, FL 33032

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD GROH

MGRM

04/30/2008

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