


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90046 038 \*\*\*\*50.00

**DOCUMENT # L94000000618**  
 1. Entity Name  
 PALMLOR, L.C.



Principal Place of Business  
 2870 S. OCEAN BLVD.  
 PALM BEACH, FL 33480

Mailing Address  
 2870 S. OCEAN BLVD.  
 PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
 59-3276821

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BAERENKLAU, ALAN  
 2870 S. OCEAN BLVD.  
 PALM BEACH, FL 33480

**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)

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAERENKLAU, ALAN
STREET ADDRESS	2870 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/13/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #