

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 10 PM 4:38

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # <u>M01000001687</u>
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PALM RIVER LLC
C/O LDG MANAGEMENT COMPANY
401 EDGEWATER PLACE, SUITE 400
WAKEFIELD MA 01880

1b. Principal Place of Business Address

C/O LDG MANAGEMENT COMPANY
401 EDGEWATER PLACE, SUITE 4
WAKEFIELD MA 01880

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 10/07/1998	3a. State of Formation FL	4. FEI Number 04-3435641	☐ Applied For ☐ Not Applicable	5. Date of Last Report	6. Certificate of Status Desired ☐ \$0.75 Additional Fee Required
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7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code <u>MA</u>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when mandating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LOCKWOOD, STEPHEN J	401 EDGEWATER PLACE, SUITE	WAKEFIELD MA 600002874706--5 -05/13/99--01117--018 ****188.75 ****188.75

11* I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Stephen J Lockwood 4-16-99
SIGNATURE AND TYPE, OR PRINTED NAME OF SECRETARY, MANAGER, OR MEMBER OF BOARD