2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90069 004 ****55.00

DOCUMENT # L03000013128

1. Entity Name
SOUTHWEST PALM BAY ONE, LLC

Principal Place of Business	Mailing Address
C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BOULEVARD, SUITE 316 VERO BEACH, FL 32960	C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BOULEVARD, SUITE 316 VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
333-17th STREET	333-17th STREET
Suite, Apt. #, etc.: SUITE 2E	Suite, Apt. #, etc.: SUITE 2E
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32960 Country: INDIAN RIVER	Zip: 32960 Country: INDIAN RIVER

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 59-2031085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYN, MARK J ESQUIRE
C/O BRYN & ASSOCIATES, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FROMBERG, DOREE		NAME	
STREET ADDRESS	2 GROVE ISLE, PENTHOUSE 1, BUILDING 2		STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] Auth. Representative 4-25-07 772-778-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #