2007 LIMITED PARTNERSHIP ANNUAL REPURT Due By May 1, 2007

DOCUMENT # A0300000227]		14.5		
Entity Name PALM RENTALS, LTD.				.21	007 APR 30	AM In: I	۶.	
		• 🗸 .	THE	l				
Principal Place	e of Business	Mailing Address		TA	LLAHASSE	UF STATE		
838 N.E. 40 COURT 838 N.E. 40 COURT				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334			4					
						K 6816 6831 9879	(1219 EURI) (1711) (1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
•	tace of Business - No P.O. Box #							
			GLER DR	4				
Suite, Apt. #, etc. Suite, Apt. #, etc.				04062007	Chg-LP	CR2E003 (12/06)		
City & State City & State				4. FEI Number		***	Applied For	
Ft. LAUDERDALE, FL. Ft, LAUDERDAL Zip Country Zip Coun				41-2079327 Not Applicable				
			Country' U.S.A.,	5. Certificate of	ol Status Desired		8.75 Additional se Required	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent					
MHENCH	VEVIN	Name	Name					
MUENCH, KEVIN 838 N.E. 40 COURT OAKLAND PARK, FL 33334			Street Address	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. 1 am familiar with, and eccept								
the obligations of registered agent.								
Signature, typed or printed name of registered apent and title if applicable.						DATE		
•	FILE NOW	/!!! FEE IS \$500.00						
		007, Fee will be \$900.0		TERER AND A	OTIVE MOTILITY	US OFFICE		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CH	ANGES ONLY		
DOCUMENT #	P03000015085		STREET ADDRESS				/WX	
NAME STREET ADDRESS	GOLDEN VIEW INVESTMENTS,	INC.	<u> </u>				<u> 44 – </u>	
CITY-ST-ZIP	838 N.E. 40 COURT OAKLAND PARK, FL 33334		CITY-ST-ZIP					
DOCUMENT#			STREET ADDRESS					
NAME STREET ADDRESS							1 3	
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DOCUMENT #			STREET ADDRESS					
NAME STREET ADDRESS		٠.						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
14. I hereby	certify that the information supplied wit d on this report is true and accurate and ceiver or trustee empowered to execute	h this liling does not qualify for that my signature shall have the	the exemptions contain same legal effect as it	ned in Chapter 11	9, Florida Statutes ; that I am a Gene	. I further certi	ty that the information the limited partnership	
or the rec	ceiver or trustee empowered to execute	this report as required by Chap	ter 620, Florida Statute	S				

SKONATURE AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER

4-10-01 Date

Daytime Phone #