
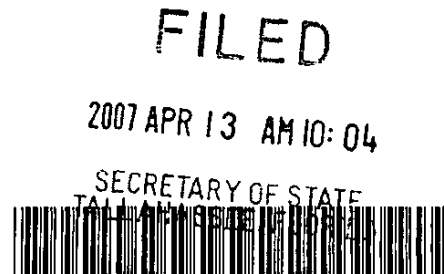


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A05000000581			
1. Entity Name PALM SHORES CONDOMINIUM, LLLP			
Principal Place of Business 4321 DAVIDIA DRIVE MELBOURNE FL 32934		Mailing Address 4321 DAVIDIA DRIVE MELBOURNE FL 32934	
2. Principal Place of Business - No P.O. Box # 5590 N. Harbor City Blvd		3. Mailing Address 5590 N. Harbor City Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melb. FL		City & State Melb. FL	
Zip 32940	Country USA	Zip 32940	Country USA



1st MOORE CR2E003 (10/06)

4. FEI Number 20-2545659		Applied For <input checked="" type="checkbox"/> PLIED FOR <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANCILIA, JOHN R ESQ. 1800 W. HIBISCUS BLVD. 138 MELBOURNE FL 32901		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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000099540 PRICECO TRADING, INC. 5590 N. HARBOR CITY BLVD. MELBOURNE FL 32940	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	200097227682 04/17/07--01045--011 **500.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/3/07** Daytime Phone #

STAPLE CHECK HERE