

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001231

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** 1STPALM FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

6675 CORPORATE CENTER, PARKWAY.  
SUITE 340  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6675 CORPORATE CENTER PARKWAY  
SUITE 340  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3620999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: 1STPALM FINANCIAL, I, NC.  
Address: 6675 CORPORATE CENTER PARKWAY SUITE 340  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Delete  
Name: MACKEY, ANN R  
Address: 6675 CORPORATE CENTER PARKWAY SUITE 340  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANN R. MACKEY

MS.

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date