2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

ANNUAL REPORT					
1. Entity Name	MENT # L00000003 LE PALMS, LLC	761		Secretary of S	
Principal Place P.O. BOX 641 BOKEELIA, FI	0	Mailing Address 155 LINCOLN STREET ENGLEWOOD, NJ 07631		 	
DO NOT WRITE IN THIS SPA			CE	07052006 No Chg-LLC CR2E083 (11/05) 4. FEI Number	
6. Name and Address of Current Registered Agent SIPPRELLE, DWIGHT USEPPA ISLAND CLUB 8115 MAIN STREET BOKEELIA, FL 32922				DO NOT WRITE IN THIS SPACE	
the obligat	Signature, typed or printed name of register of agent	lle	ered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept 4 106 200 b d when renstating) DATE	
Filing Fee is \$50.00 Due by September 6, 2006				U00000569837 07/13/06-80005-009 50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM SIPPRELLE, DWIGHT D P.O. BOX 640 BOKEELIA, FL 33922	RS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME				•••••••••••••••••••••••••••••••••••••••	

11. It hereby certify that the information supplied with this filling 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 traspectations.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SI

E OF SIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

A 106/2006

Daytime Phone #