

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 022 ****50.00

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DOCUMENT # L00000008243 1. Entity Name FLORIDA PALMS REALTY GROUP, LLC					
Principal Place of Business 6233 INTERNATIONAL DRIVE ORLANDO, FL 32819			Mailing Address 8738 INTERNATIONAL DR. ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 8738 Intl Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando FL		City & State 		4. FEI Number 59-3742230	
Zip 32819		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, LARRY E ESQ 8738 INTERNATIONAL DR. ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name: Brenda Myers Street Address (P.O. Box Number is Not Acceptable): 8738 International Drive City: Orlando, Florida City: Orlando FL Zip Code: 32819	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTES, JERON K <input type="checkbox"/> Delete 8738 INTERNATIONAL DR. ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Estes, Jeron K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8738 Intl Dr Orlando fl 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete POSTANS, GEORGE L 8738 INTERNATIONAL DR. ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Brenda Myers VP of Operations

4/4/07 407-345-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #