

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013567**

1. Entity Name  
**HEART OF PALM, LLC**



Principal Place of Business  
**160 ROYAL PALM WAY  
PALM BEACH, FL 33480**

Mailing Address  
**340 ROYAL PALM WAY, STE. 101  
PALM BEACH, FL 33480**



03032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1053490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VALDES-FAULI CORPORATE SERVICES INC  
777 S FLAGLER DR  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MATAPEDIA LIMITED PARTNERSHIP  
340 ROYAL PALM WAY, STE. 101  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROYAL PALM MANAGEMENT, INC.  
340 ROYAL PALM WAY, STE. 101  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000541545  
05/10/06-80063-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**MARK W. COOK**

**4-27-06**

**561 837 8650**

Date

Daytime Phone #