


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90033 015 \*\*\*\*50.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT-# L00000014447</b>  |  |    |   |
| 1. Entity Name<br><b>PALM LAKE RESORT, L.L.C.</b>   |  |   |   |
| Principal Place of Business<br><b>11401 BONITA BEACH ROAD<br/>BONITA SPRINGS FL 34135</b>   |  | Mailing Address<br><b>146 WEST MAIN<br/>KALAMAZOO MI 49009<br/>P.O. Box 468<br/>Oshkemo mi 49077</b>                                    |   |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>P.O. Box 468</b>   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State<br><b>Oshkemo mi</b>   |   |
| Zip   | Country  | Zip<br><b>49077</b>   | Country<br><b>Kalamazoo</b>                                       |
| 4. FEI Number<br><b>59-3683409</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   |
| 6. Name and Address of Current Registered Agent<br><b>BERTOLISSI, KENNETH M<br/>4932 ESPLANADE STREET<br/>BONITA SPRINGS FL 34134</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <i>Kenneth M. Bertolissi</i> DATE <b>8-1-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 6, 2006</b>  |  |   |   |
| 9. MANAGING MEMBERS / MANAGERS  |  | 10. ADDITIONS / CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>BERTOLISSI, KENNETH M<br/>4932 ESPLANADE STREET<br/>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Kenneth M. Bertolissi* **8-1-06** **269-806-6088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #