

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001877

FILED
Aug 05, 2007
Secretary of State

Entity Name: PEACH PALM PROPERTIES LLC

Current Principal Place of Business:

1200 S OCEAN BLVD
11 H
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1200 S OCEAN BLVD
11 H
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 36-4418775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMAS, GUILLERMO JR.
1200 S OCEAN BLVD 11H
BOCA RATON, FL 33432 US

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: RAMAS, GUILLERMO JR
Address: 1200 S. OCEAN BLVD. 11 H
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM () Delete
Name: RAMAS, GUILLERMO N SR
Address: 3850 GALT OCEAN DRIVE #504
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RAMAS, GUILLERMO N SR
Address: 1200 S. OCEAN BLVD. 11 H
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify 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: GUILLERMO RAMAS, JR.

MGRM

08/05/2007

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