2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004925

Entity Name
PADC ROYAL PALM HOLDINGS, LLC



FILED
May 12, 2006 08:00 AN
Secretary of State

Principal Place of Business

550 BILTMORE WAY SUITE 970 CORAL GABLES, FL 33134 Mailing Address

550 BILTMORE WAY SUITE 970 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

05042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1094460 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, STUART K 1111 BRICKELL AVENUE SUITE 2500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chan tions of registered agent.	iging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating	DATE .	
Fii Due l	ling Fee is \$50.00 by September 6, 2006			
9. Title Name Street address City-St-Zip	MANAGING MEMBERS/MANAGERS MGR PEEBLES ATLANTIC DEVELOPMENT CORP. 550 BILTMORE WAY, STE. 970 CORAL GABLES, FL 33134		U00000564153 05/20/06-80046-005 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
INFLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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:

NAME STREET ADDRESS CITY+ST-ZIP

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

5/7/06

Daytme Phone #