### 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### DOCUMENT # L01000005627

1. Entity Name

ROYAL PALM INVESTMENT GROUP, LLC



Principal Place of Business

5601 N DIXIE HWY

SUITE 306

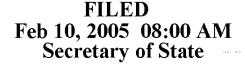
FT LAUDERDALE, FL 33334

Mailing Address

5601 N DIXIE HWY

SUITE 306

FT LAUDERDALE, FL 33334





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01272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1108240

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SACKEL, STEPHEN G 5601 N DIXIE HWY SUITE 306 FT LAUDERDALE, FL 33334

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| 8. | The above named entity submit    | its 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 ag | gent.                                          |                                            |                                   |                                |

SIGNATURE.

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

(NOTE, Registered Agent signature required when rainstating)

# Filing Fee is \$50.00 Due by May 1, 2005

| 9.                                    | MANAGING MEMBERS/MANAGERS                                                   |  |  |  |
|---------------------------------------|-----------------------------------------------------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>SACKEL, STEPHENG<br>5601 N DIXIE HWY<br>FORT LAUDERDALE, FL 33334   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>QUENTZEL, PAUL S<br>5601 N DIXIE HWY<br>FORT LAUDERDALE, FL 33334   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>SONDERLING, HOWARD R<br>5601 DIXIE HWY<br>FORT LAUDERDALE, FL 33334 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                             |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                             |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS       |                                                                             |  |  |  |

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11. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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 HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stephen G. Sackel