

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90091 025 \*\*\*\*50.00

DOCUMENT # **L01000006977**

1. Entity Name

**PALM INVESTMENTS OF FLORIDA, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**201 S. Biscayne Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**201 S. Biscayne Blvd.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**1700**

City & State

**Miami, Florida**

**1700**

City & State

**Miami, Florida**

4. FEI Number

☒

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Miami Center Registered Agents, LLC**

Street Address (P.O. Box Number is Not Acceptable)

**201 S. Biscayne Blvd., Suite 1700**

City

**Miami**

FL

Zip Code

**33131**

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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
Gary A. Edwards  
11831 Sea Star Drive  
Indianapolis, IN 46256**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gary A. Edwards*

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

**Gary A. Edwards, Manager**

09/05/02

Date

Daytime Phone #

CR2E083B (12/01)

Attachment 980209

DANN PECAR NEWMAN & KLEIMAN

PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

LO1000006977

NORMAN R. NEWMAN  
DAVID H. KLEIMAN  
JON B. ABELS  
MELVIN R. DANIEL  
LAWRENCE F. DOROCKE  
JEFFREY A. ABRAMS  
JAMES H. SCHWARZ  
WALTER E. WOLF, JR.  
JAMES P. MOLOY  
ANDREW A. KLEIMAN  
STEVEN M. PECAR  
RICHARD O. KISSEL, II

MARK R. WATERFILL  
WILLIAM L. O'DONNOR  
KARIN L. VEATCH  
JONATHAN G. POLAK  
ANDRIELLE M. METZEL  
MEUSSA J. DE GROFF  
JO ANN H. MASON  
BRYAN B. WOODRUFF  
CYNTHIA M. KIRK  
DAVID E. KRESS  
JASON C. FARMER  
H. ANTONIO SETZER

ONE AMERICAN SQUARE  
SUITE 2300  
BOX 82008  
INDIANAPOLIS, IN 46282  
(317) 632-3232

FACSIMILE  
(317) 632-2962

www.dannpecar.com

September 9, 2002

OF COUNSEL  
LINDA E. CANTOR  
CHARLES A. RICHMOND

1905-1993  
THEODORE R. DANN  
1930-2000  
PHILIP D. PECAR  
1931-2001  
ROBERT A. ROSE  
1932-1995  
JOEL YONOVER

Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

RE: Palm Investments of Florida, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Limited Liability Company Uniform Business Report for the above-referenced entity, along with a check in the amount of \$50.00 for the filing fee. Please return a file-stamped copy in the enclosed self-addressed stamped envelope. Feel free to call the undersigned with any questions.

Very truly yours,

DANN PECAR NEWMAN & KLEIMAN,  
Professional Corporation



Tony Setzer

TS/cjl  
Enclosure