2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006977

1. Entity Name

PALM INVESTMENTS OF FLORIDA, LLC



FILED
Jan 13, 2005 08:00 AM
Secretary of State

Principal Place of Business .

SIGNATURE:

201 S. BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131

Mailing Address

3144 N SHADELAND AVE ATTN: JAN LAIGHLIN INDIANAPOLIS, IN 46226



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied I	or
30-0110437	Not Appl	ica
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131

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	named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE				
	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, GARY A 11831 SEA STAR DRIVE INDIANAPOLIS, IN 46256		U00000180222	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/13/05-80051-005 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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.

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