

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90087 038 ****50.00

DOCUMENT # L01000006977

1. Entity Name

PALM INVESTMENTS OF FLORIDA, LLC



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

3144 N. Shadeland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Jan Laughlin

City & State

City & State

Indianapolis IN

Zip

Country

Zip

Country

46226

4. FEI Number

APPLIED FOR

30-0110437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EDWARDS, GARY A 11831 SEA STAR DRIVE INDIANAPOLIS IN 46256 | <input type="checkbox"/> Delete |
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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, Manager

5/7/03 (311) 860-2963

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

Date

Daytime Phone #

CR2E083 (10/02)