2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L01000009168

1. Entity Name

ISLAND PALMS MANAGER LLC

Principal Place of Business	Mailing Address
2333 BRICKELL AVE. SUITE D-1 ATTN: NORMAN S. ROSEN MIAMI FL 33129	2333 BRICKELL AVE. SUITE D-1 ATTN: NORMAN S. ROSEN MIAMI FL 33129

1st MOORE   CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 65-1110588	Applied For / Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID, MARY ANN Y ESQ. 2333 BRICKELL AVE. SUITE D-1 MIAMI FL 33129	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, 2007

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, RICHARD 2333 BRICKELL AVE. MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000757424 05/23/07-80071-005 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, NORMAN S 2333 BRICKELL AVE. MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _Norman S. Rosen_   4|27|07   305.859.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #