

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010664

Entity Name: PALOP LLC

FILED
Aug 09, 2005
Secretary of State

Current Principal Place of Business:

6750 W 22ND CT
HIALEAH, FL 33016

New Principal Place of Business:

272 W. 86TH STREET
FIRST FLOOR
NEW YORK, NY 10024

Current Mailing Address:

7491 W OAKLAND PARK BLVD
SUITE 100
LAUDERHILL, FL 33319

New Mailing Address:

272 W. 86TH STREET
FIRST FLOOR
NEW YORK, NY 10024

FEI Number: 65-1117648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSTROFF, RON
7491 W OAKLAND PARK BLVD
SUITE 100
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

NRAI SERVICES INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: LISA REEVES

08/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSTROFF, RON
Address: 7491 W OAKLAND PARK BLVD SUITE 100
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHEINER, HEATHER
Address: 272 W. 86TH STREET - FIRST FLOOR
City-St-Zip: NEW YORK, NY 10024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HEATHER SCHEINER

MGRM

08/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date