


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000012253</b> 1. Entity Name <b>PALM RENTAL, LLC</b>	
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Principal Place of Business <b>18840 5TH STREET SW LUTZ, FL 33548</b>	Mailing Address <b>935 MAIN STREET, SUITE D-1 C/O HARRY H. RABB SAFETY HARBOR, FL 34695</b>
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**DO NOT WRITE IN THIS SPACE**



05082006No Chg-LLC

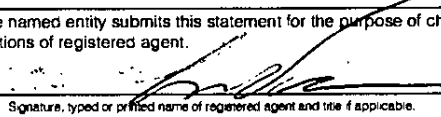
CR2E083 (11/05)

4. FEI Number <b>59-3736628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RABB, HARRY H CPA 935 MAIN STREET, STE D-1 SAFETY HARBOR, FL 34695</b>
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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:  DATE: **5/11/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

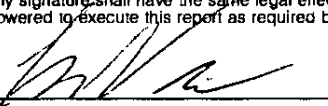
**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARVEY, JAMES P 18840 5TH STREET SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARSAMES, LOUIS J 7311 PELICAN ISLAND DR TAMPA, FL 33634
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U00000565509  
05/20/06-80137-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: **5/11/06 (8.3)** 806 5432

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