2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021020

1. Entity Name

PALACE DEVELOPMENT II, LLC

FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

600 GULF SHORE PKWY GULF SHORES, AL 36547 Mailing Address

1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0020453 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, ALAN S 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered age	ent, or both, in t	ne State of Florida, 1 a	am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	Number 10			*** *** 		
	Signature, types or primited marine or registration agent and this it applicable	MOLE Redistrated	Agent signature required when rei	<u>. </u>	TACT TO		
Fi D	iling Fee is \$50.00 ue by May 1, 2006		* 1		<u> </u>	ार ५०० है। व्यक्तिकार	
9.	MANAGING MEMBERS/MANAGERS		,				77
HILE NAME STREET ADDRESS CHY-ST-ZIP	MGRM MCHIL LAND HOLDINGS, INC. 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541		• 				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			·	05.	U00000053366 /06/06-8013	38 4-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRIT	ΓE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			** .		ч .		
TITLE							Į

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true aper accurrate and that my signature shall have the same legal effect as if made under outh; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to expect this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS City ST-ZIP

ATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/06

850-650-5201

Daytime Phone #