


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 005 ****55.00

DOCUMENT # L02000002399 1. Entity Name PALM CAPITAL, L.L.C.	
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Principal Place of Business 3251 ROSS CLARK CIRCLE NW DOTHAN, AL 36303-3039	Mailing Address PO BOX 1967 DOTHAN, AL 36302-1967
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20004296



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3051930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REAL, DOUG 404 ROYAL PKWY DOTHAN, FL 36305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOWLING, DEBORAH P.O. Box 1967 Dothan, AL 36302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: Deborah Dowling 2/13/07 334-340-2219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #