

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90094 001 ***150.00

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1. Entity Name
PALMETTO PLACE REALTY LLC



Principal Place of Business
99 MIZNER BLVD.
120
BOCA RATON, FL 33432

Mailing Address
99 MIZNER BLVD.
120
BOCA RATON, FL 33432

30006504



2. Principal Place of Business

3. Mailing Address

900 East Atlantic Avenue
Suite #13
Delray Beach, FL 33483

900 East Atlantic Avenue
Suite #13
Delray Beach, FL 33483

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3609121

Applied For
Not Applicable

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

MORRIS, WILLIAM E
99 SE MEZNER BLVD
STE 922
BOCA RATON, FL 33432

Name

Street # 900 East Atlantic Avenue

Suite #13

City

Delray Beach, FL 33483

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MORRIS, SCOTT W
STREET ADDRESS 99 SOUTHEAST MIZNER BOULEVARD #922
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGR 900 East Atlantic Avenue ☒ Change ☐ Addition
NAME Suite #13
STREET ADDRESS Delray Beach, FL 33483
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William E Morris Jr

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

4/26/06 561-265-1396

Date

Daytime Phone #