



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 009 ****50.00

DOCUMENT # L02000004166					
1. Entity Name PALAZZO ESTATES GROUP, LLC					
Principal Place of Business 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131		
2. Principal Place of Business 2929 S.W. 3 RD AVE Suite, Apt. #, etc. SUITE 520 City & State Miami, FL Zip 33129 Country USA		3. Mailing Address 2929 S.W. 3 RD AVE Suite, Apt. #, etc. SUITE 520 City & State Miami, FL Zip 33129 Country USA			
04192005 Chg-LLC CR2E083 (10/03)		4. FEI Number 75-3013240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent THORNE, ROBERT 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name ALVAREZ ELIA K2 RODRIGUEZ, P.L. Street Address (P.O. Box or is Not Applicable) 2601 S. Bayshore Dr. Suite 600 City Coconut Grove FL Zip Code 33133				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 4, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORNE, ROBERT F 1110 BRICKELL AVE., SUITE 504 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORNE, ROBERT F 2929 SW 3RD AVE SUITE # 520 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/27/05</u> (305) 424-0770 Daytime Phone #		