


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004301 1. Entity Name THREE PALMS MOTEL, LLC	
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Principal Place of Business 4528 HAVERHILL RD LAKE WORTH, FL 33463 US	Mailing Address 4528 HAVERHILL RD LAKE WORTH, FL 33463 US
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01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0540668	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 PITTALUGA, CHRISTIANE 1444 E BEXLEY PARK DR DELRAY BEACH, FL 33445

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000829460
02/26/08-80039-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLACE, JENNIFER 11551 PARADISE COVE LANE WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLACE, ANTHONY 1151 PARADISE COVE LANE WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTALUGA, CHRISTIANE PO BOX 6143 DELRAY BEACH, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEISELMAN, JEFFREY PO BOX 6143 DELRAY BEACH, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

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

2/12/08 (561)654-5276

Date Daytime Phone #