2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jun 10, 2005 08:00 AM DOCUMENT # L02000005253 **Secretary of State** 1. Entity Name PALMETTO PROMENADE, LLC Mailing Address Principal Place of Business 140 N. FEDERAL HIGHWAY 140 N. FEDERAL HIGHWAY BOCA RATON, FL 33323 BOCA RATON, FL 33323 01172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0618500 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALBOTT, GREGORY K DO NOT WRITE 140 N. FEDERAL HWY STE 200 IN THIS SPACE BOCA RATON, FL 33432 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. (NOTE: Hagistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE V00000369378 Filing Fee is \$50.00 Due by May 1, 2005 06/10/05-80004-012 55.on MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TALBOTT, GREGORY K NAME 140 N. FEDERAL HIGHWAY STREET ACCRESS BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

 I hereby certify that the info indicated on this report is t limited liability company by nation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information de 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 the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OH AUTHORIZED REPRESENTATIVE

392-852: