

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024805

Entity Name: PALM AVENUE, LLC

FILED  
Jan 24, 2005  
Secretary of State

**Current Principal Place of Business:**

11820 RED HIBISCUS DR.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

11820 RED HIBISCUS DR.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 05-0538441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASEY, PATRICK B JD, CPA  
9240 BONITA BEACH ROAD  
SUITE 2209  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: ANGELI, MAJA GINSBERG  
Address: 11820 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: GINSBERG, GUENTER  
Address: 11820 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GINSBERG ANGELI, MAJA  
Address: 11820 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM (X) Change ( ) Addition  
Name: GINSBERG, GUENTER  
Address: 11820 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAJA GINSBERG ANGELI

MGR

01/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date