

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024805

Entity Name: PALM AVENUE, LLC

FILED
May 01, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

GINSBERG-ANGELI, MAJA
11820 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135 US

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: MAJA GINSBERG-ANGELI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

05/01/2006

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