


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033180
 1. Entity Name
 LADY PALM, LLC



Principal Place of Business Mailing Address
 4225 N COUNTY RD 4225 N COUNTY RD
 GULF STREAM, FL 33483 US GULF STREAM, FL 33483 US

DO NOT WRITE IN THIS SPACE



07012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0656835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE LAVILLE, STEFANI A
 4225 N COUNTY RD
 GULF STREAM, FL 33483

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005

1100000372013
 07/11/05-80012-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LAVILLE, STEFANI A 4225 N COUNTY RD GULF STREAM, FL 33483
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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: *Stefani A DeLaille* 7/12/05 (561) 294-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #