


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L02000033180 1. Entity Name LADY PALM, LLC | |  |
| Principal Place of Business 4225 N COUNTY RD GULF STREAM, FL 33483 US | Mailing Address 4225 N COUNTY RD GULF STREAM, FL 33483 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent DE LAVILLE, STEFANI A 4225 N COUNTY RD GULF STREAM, FL 33483 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM DE LAVILLE, STEFANI A 4225 N COUNTY RD GULF STREAM, FL 33483 | DO NOT WRITE IN THIS SPACE |
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| 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: <i>Stefani A. De Laville</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <i>Stefani A. De Laville</i> | | <i>1/15/06 (361) 274-4040</i> <small>Date Daytime Phone #</small> |



01062006 No Chg-LLC

CR2E083 (11/05)

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

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01/25/06 80001-021 55.00