2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034807

1. Entity Name

PALM GARDEN DEVELOPMENT LLC



Principal Place of Business

Mailing Address

1492 S. MIAMI AVE. MIAMI, FL 33130

1492 S. MIAMI AVE. MIAMI, FL 33130

FILED Jul 13, 2005 8:00 am **Secrétary of State**

07-13-2005 90109 045 ****50.00

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CR2E083 (10/03)

4. FEi Number	Applied For
43-1995712	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CERVERA, JAVIER 1492 S. MIAMI AVE. MIAMI, FL 33130

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, o	r both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		
		•	

SIGNATURE.

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALM GARDEN OWNERSHIP CORP 1492 S. MIAMI AVE. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM B.H. TRADING INC 1401 BRICKELL AVE., STE. 1010 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	contify that the information symplicid with this filling does not qualify for the exe

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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 required ro trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE