


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90105 026 ****55.00

DOCUMENT # L03000002979

1. Entity Name
SHANGRA-LA PALMS LLC



Principal Place of Business
**4221 GALT ISLAND AVE.
 ST. JAMES CITY, FL 33956**

Mailing Address
**4221 GALT ISLAND AVE.
 ST. JAMES CITY, FL 33956**



2. Principal Place of Business
2263 Sanibel Blvd
 Suite, Apt. #, etc.

3. Mailing Address
2263 Sanibel Blvd
 Suite, Apt. #, etc.

07282004 Chg-LLC CR2E083 (10/03)

City & State
St. James City, FL

City & State
St. James City, FL

Zip Country
33956 USA

Zip Country
33956 USA

4. FEI Number
65-1179903

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WERNER, DONALD C
 4221 GALT ISLAND AVE.
 ST. JAMES CITY, FL 33956**

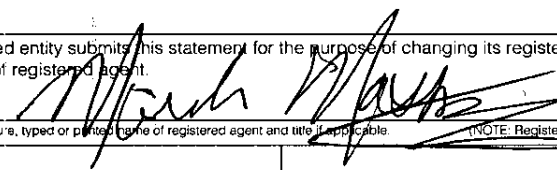
7. Name and Address of New Registered Agent

Name
Mark Massey, Mark

Street Address (P.O. Box Number is Not Acceptable)
2263 Sanibel Blvd

City
St. James City FL Zip Code
33956

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 **7-28-04**

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 8, 2004

Make check payable to Florida Department of State

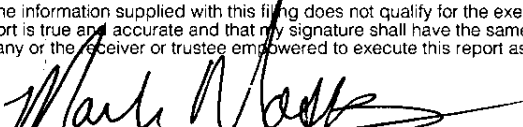
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WERNER, DONALD C 4221 GALT ISLAND AVE. ST. JAMES CITY, FL 33956 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Massey, Mark 2263 Sanibel Blvd. St. James City, FL 33956 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE **7-28-04** (239) 872-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #