2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002979

1. Entity Name SHANGRA-LA PALMS LLC



FILED Apr 13, 2005 08:00 AM Secretary of State

Principal Place of Business 2263 SAVIBEL BLVD ST. JAMES CITY, FL 33956 Mailing Address 2263 SANIBEL BLVD ST. JAMES CITY, FL 33956

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04062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1179903

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MASSEY, MARK 2263 SANIBEL BLVD ST. JAMES CITY, FL 33956

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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSEY, MARK 2263 SANIBEL BLVD ST. JAMES CITY, FL 33956	04/13/05-80	2811 086-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ward Massy

4-11-05

239-872-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone