


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000014529 1. Entity Name PALM CITY PARTNERS SC, LLC	
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Principal Place of Business 4901 N. FEDERAL HWY., STE. 100 FT LAUDERDALE, FL 33308	Mailing Address 4901 N. FEDERAL HWY., STE. 100 FT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0663421	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BARBER, KENNETH T 4901 N. FEDERAL HWY., STE. 100 FT LAUDERDALE, FL 33308

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RMTRION PALM CITY PARTNER, LLC 4901 N. FEDERAL HWY #100 FORT LAUDERDALE, FL 33308
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04/26/07-80103-005 150.00

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 <u>Kenneth T. Barber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4/14/07</u> <small>Date</small>	<u>957-441-3848 x14</u> <small>Daytime Phone #</small>
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