


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L03000014541</b> 1. Entity Name LMK PALM CITY ASSOCIATES, LLC	
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Principal Place of Business 4901 N. FEDERAL HIGHWAY SUITE 100 FT LAUDERDALE, FL 33308	Mailing Address 4901 N. FEDERAL HIGHWAY SUITE 100 FT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2670325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, KENNETH T  
4901 N. FEDERAL HIGHWAY  
SUITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

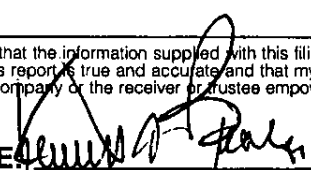
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBER, KENNETH T 4901 N. FEDERAL HWY #100 FORT LAUDERDALE, FL 33308
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U000000714166  
04/27/07-80012-013 50.00

**DO NOT WRITE  
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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  KENNETH T. BARBER 4/14/07 907-491-3848

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