

FILED
Apr 26, 2007 08:00 AM
Secretary of State

1. Entity Name
GAD PALMS, LLC



Mailing Address
2110 N OCEAN BLVD
APT 1802
FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE



CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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	MGRM
NAME	DESIMONE; ALFRED A
STREET ADDRESS	2110 N OCEAN BLVD APT. 1802
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305

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05/10/07-80003-002 50.00

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IN THIS SPACE**

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:

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

Date _____

Daytime Phone #