2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024415

Entity Name: PALM SECURITIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4830 WEST KENNEDY BLVD SUITE 890 TAMPA, FL 33609	401 E. JACKSON ST. SUITE 2450 TAMPA, FL 33602
Current Mailing Address:	**New Mailing Address:**
4830 WEST KENNEDY BLVD SUITE 890 TAMPA, FL 33609	401 E. JACKSON ST. SUITE 2450 TAMPA, FL 33602

FEI Number: 20-0108954   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CARDY, THOMAS W 4830 WEST KENNEDY BLVD SUITE 890 TAMPA, FL 33609 US	XENICK, EMAUEL 401 E. JACKSON ST SUITE 2450 TAMPA, FL 3360 US

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.

SIGNATURE: EMANUEL XENICK   04/14/2009
_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	CARDY, THOMAS W	Name:	XENICK, EMANUEL
Address:	4830 WEST KENNEDY BLVD, SUITE 890	Address:	401 E. JACKSON ST., STE 2450
City-St-Zip:	TAMPA, FL 33609	City-St-Zip:	TAMPA, FL 33602

Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	BURNS, DAVID A	Name:	
Address:	4830 WEST KENNEDY BLVD, SUITE 890	Address:	
City-St-Zip:	TAMPA, FL 33609	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EMANUEL XENICK   MGR   04/14/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date