


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025322
 1. Entity Name
PALMA CEIA LIMO, LLC



Principal Place of Business 2202 N. WEST SHORE BLVD. 5TH FLOOR TAMPA, FL 33607 US	Mailing Address 2202 N. WEST SHORE BLVD. 5TH FLOOR TAMPA, FL 33607 US
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03292006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0083467	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
 KADOW, JOSEPH J
 2202 N. WEST SHORE BLVD.
 5TH FLOOR
 TAMPA, FL 33607

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, CHRIS T 2202 N. WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASHAM, ROBERT D 2202 N. WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEY, TODD 701 E. WASHINGTON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/20/06-80070-003 50.00

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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:  **4-106 813-282-1225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #