2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031083

1. Entity Name
THE PALMS AT MARSH LANDING, LLC



Principal Place of Business

C/D JULIAN LECRAW & COMPANY, INC. 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA, GA 30319 Mailing Address

C/O JULIAN LECRAW & COMPANY, INC. 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA, GA 30319

FILED May 27, 2005 8:00 am Secretary of State

05-04-2005 90040 012 ****50.00

30007872



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number			Applied For
20-0167122			Not Applicable
E. Carillianto of Ctatus Desirad	ר	\$5.00	Additional

Certificate of Status Desired

Pa.UU Addition Fee Required

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE

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	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little 4 approache.	(NOTE: Registered Agent significant required when reinstating)	DATE
F	liing Fee Is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	養養などの大学を変かったりのは強力した。こ	The thirty of the same
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR JLC SUNCOAST REALTY, LLC 1575 NORTHSIDE DRIVE, N.W., SUITE 200 ATLANTA, GA 30319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AUDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			į.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

IKUNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGING WENDER, OR AUTHORIZED REPRESENTATIVE

5/24/05

404-352-2800

Daytime Phone #