


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:40

DOCUMENT # L03000031083 1. Entity Name THE PALMS AT MARSH LANDING, LLC	
---	---

Principal Place of Business C/O 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
---	---

DO NOT WRITE IN THIS SPACE



09012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0167122	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

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

**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 September 6, 2006**

05/04/06 90035021 \$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME 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 ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: Bruce Wetherington Bruce Wetherington 9/1/06

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