

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031870

Entity Name: PALM PROPERTIES, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3549 OLD LIGHTHOUSE CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

10515 VIGNON COURT
WELLINGTON, FL 33449 US

Current Mailing Address:

3549 OLD LIGHTHOUSE CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

10515 VIGNON COURT
WELLINGTON, FL 33449 US

FEI Number: 02-0710177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMRO, RENA R
3549 OLD LIGHTHOUSE CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

AMRO, RENA R
10515 VIGNON COURT
WELLINGTON, FL 33449 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMRO, R
Address: 3549 OLD LIGHTHOUSE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: AMRO, RENA
Address: 3549 OLD LIGHTHOUSE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMRO, R
Address: 10515 VIGNON COURT
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGR (X) Change () Addition
Name: AMRO, RENA
Address: 10515 VIGNON COURT
City-St-Zip: WELLINGTON, FL 33449 US

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: R AMRO

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date