


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000035723</b> 1. Entity Name <b>PALM BEACH EVENTS, LLC</b>	
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Principal Place of Business <b>777 S. FLAGLER DR. 800 WEST TOWER WEST PALM BEACH, FL 33401</b>	Mailing Address <b>777 S. FLAGLER DR. 800 WEST TOWER WEST PALM BEACH, FL 33401</b>
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04242007 No Chg-LLC

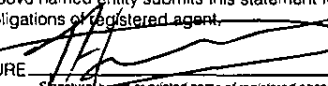
CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0236209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DEVINE, TROY 777 S. FLAGLER DR. 800 WEST TOWER WEST PALM BEACH, FL 33401</b>
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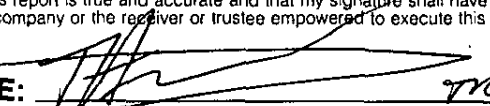
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>	<b>PRESIDENT TROY DEVINE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<b>4/21/07</b> <small>DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEVINE, TROY 777 S. FLAGLER DR. WEST PALM BEACH, FL 33401</b>
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05/14/07-80067-020 55.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>TROY DEVINE</b> <b>4/21/07 (561) 8058681</b> <small>Date Daytime Phone #</small>