

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038934 1. Entity Name PALM RIVER, LLC	
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Principal Place of Business
**2502 N. ROCKY POINT DRIVE
SUITE 1050
TAMPA, FL 33607**

Mailing Address
**2502 N. ROCKY POINT DRIVE
SUITE 1050
TAMPA, FL 33607**



02202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0303264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STROHAUER, GARY N
1150 CLEVELAND STREET
SUITE 300
CLEARWATER, FL 33755**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

04/08/06-80044-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE RYAN GROUP, LLC
STREET ADDRESS	2502 N. ROCKY POINT DRIVE, SUITE 1050
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

3/22/06

813-288-8078