
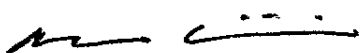


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000040788</b>		
4. Entity Name <b>ROYAL PALM DISTRIBUTORS, LLC</b>		
Principal Place of Business <b>2875 NE 191 STREET SUITE 800 MIAMI, FL 33180</b>		Mailing Address <b>2875 NE 191 STREET SUITE 800 MIAMI, FL 33180</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
U000000561385 05/19/06-80012-007 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILINSKI, ABRAHAM 228 PARK DRIVE BAL HARBOUR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILINSKI, MOISES 287 BAL CROSS DRIVE BAL HARBOUR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IASLOVITS, MICHAEL 168 CAMDEM DRIVE BAL HARBOUR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		



05012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0334482**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**