
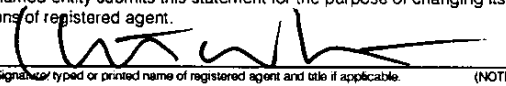
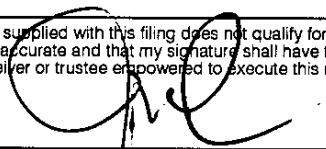


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90035 048 \*\*\*\*50.00

<b>DOCUMENT # L04000006283</b>					
<b>1. Entity Name</b> THE PALMS OF TREASURE ISLAND, LLC					
<b>Principal Place of Business</b> 2101 WEST PLATT ST, STE 200 TAMPA, FL 33606			<b>Mailing Address</b> 2101 WEST PLATT ST, STE 200 TAMPA, FL 33606		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="text-align: right;">                         04222005    Chg-LLC    CR2E083 (10/03)                     </div>					
<b>4. FEI Number</b> <div style="font-size: 1.2em; font-weight: bold;">74-3113560</div>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MILLS, FREDERICK J ESQ MORRISON & MILLS, P.A. 1200 W PLATT ST, STE 100 TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b>  Keith W Koehler Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609  Zip Code		
<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.</b>					
SIGNATURE  <span style="float: right; font-size: 1.2em;">4/25/05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIST PROPERTIES, LLC <input checked="" type="checkbox"/> Delete 2101 WEST PLATT ST, STE 200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN LUM 2101 W. PLATT ST. #200 TAMPA FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARAM GULUBIAN 2101 W. PLATT ST. #200 TAMPA FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE:  <span style="float: right; font-size: 1.2em;">4/26/05</span> <span style="float: right; font-size: 1.2em;">(813) 258-5478</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					