

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000006283 1. Entity Name THE PALMS OF TREASURE ISLAND, LLC	
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Principal Place of Business 2101 WEST PLATT ST, STE 200 TAMPA, FL 33606	Mailing Address 2101 WEST PLATT ST, STE 200 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3113560	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, FREDERICK J ESQ
MORRISON & MILLS, P.A.
1200 W PLATT ST, STE 100
TAMPA, FL 33606**

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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 reappointing) DATE _____

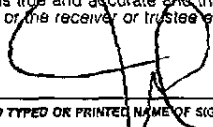
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LUM, JOHN 2101 W PLATT ST, #200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GULUZIAN, ARAM 2101 W PLATT ST, #200 TAMPA, FL 33606
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**U00000547239
05/12/06-80016-009 50.00**

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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:  **4/26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #