2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010251

1. Entity Name

PALMETTO GROVE, LLC

Principal Place of Business

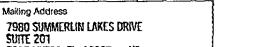
7980 SUMMERLIN LAKES DRIVE

SUITE 201

FORT MYERS, FL 33907



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





03202006 No Chg-LLC DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33907 US

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

43-2041279

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

MCMENAMY, JAMES B 7980 SUMMERLIN LAKES DRIVE **SUITE 201** FORT MYERS, FL 33907

DO	NOT	WRITE
IN	THIS	SPACE

8. The above the obligat	named entity submits this statement for the purpose of chan- lons of registered agent.	oging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.) DATE
	Signature, typed or printed name of registered agent and 200 fl applicable.	(NOTE, Rogistered Agent agreeting required when reinstaling	D UNIE
Fi Di	lling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
THILE NAME STREET ADDRESS	MGRM MCMENAMY, JAMES B 7980 SUMMERLIN LAKES DRIVE SUITE 201		
CITY-ST- ZIP	FORT MYERS, FL 33907		800000480740 84/11/86-88884-883 50.88
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 % 117 50 BBBS 1 BBS 30 BB
TITLE			
NAME STREET ADDRESS GIY-ST-DP TITLE NAME		De	O NOT WRITE
		11	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 reference repowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-SY-7IP

> LNON RINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED O

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