3/2/2005

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Jun 06, 2005 8:00 am
Secretary of State
03-02-2005 90014 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011281

1. Entity Name
23 PALMS, LLC

Principal Place of Business	Mailing Address
3711 SW 27TH ST MIAMI, FL 33134	3711 SW 27TH ST MIAMI, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

00000629

CR2E083 (10/03)

4. FEI Number 57-1199367 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISSLER, ROBERT I 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. Managing Members/Managers	10. Additions/Changes
Title: MGRM Name: Lazaro & Nilia MILTON Street Address: 3711 S.W. 27th Street City-St-Zip: ~~MIAMI, FL 33134~~ ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Addition

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.

SIGNATURE: [signature] 2-18-05 (305) 444-8326

Signature and typed or printed name of signing managing member, manager, or authorized representative / Date / Daytime Phone #