


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90010 010 ****50.00

| | |
|--------------------------------|---|
| DOCUMENT # L04000015164 |  |
| 1. Entity Name | |
| PALM PUBLISHING, LLC | |

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1016 N. DIXIE HIGHWAY, 1ST FLOOR WEST PALM BEACH FL 33401 | 1016 N. DIXIE HIGHWAY, 1ST FLOOR WEST PALM BEACH FL 33401 |

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



1st MOORE CR2E083 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 56-2441617 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PALM HEALTHCARE FOUNDATION, INC. 1016 N. DIXIE HIGHWAY, 1ST FLOOR WEST PALM BEACH FL 33401 | | 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| <p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By May 1, 2005</p> | |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PALM HEALTHCARE FOUNDATION, INC. 1016 N. DIXIE HIGHWAY, 1ST FLOOR WEST PALM BEACH FL 33401 <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 |
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| 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 |

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: Suzette W. Wexner, President *Suzette W. Wexner* 2/16/05 561-833-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #