2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2441617
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALM HEALTHCARE FOUNDATION, INC.
1016 N. DIXIE HIGHWAY, 1ST FLOOR
WEST PALM BEACH, FL 33401

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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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PALM HEALTHCARE FOUNDATION, INC.
STREET ADDRESS	1016 N. DIXIE HIGHWAY, 1ST FLOOR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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03/16/06-80044-009 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #