

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90062 050 ****50.00

DOCUMENT # L04000018726

1. Entity Name
PALM DEVELOPERS, LLC



Principal Place of Business Mailing Address
C/O ORION INVESTMENT & MANAGEMENT LTD CORP **C/O ORION INVESTMENT & MANAGEMENT LTD CORP**
9000 SW 152ND STREET, SUITE 106 **9000 SW 152ND STREET, SUITE 106**
MIAMI, FL 33157 **MIAMI, FL 33157**



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|--------------------------------|---------|---------------------|---------|----------------------------------|----------------|---|
| 2. Principal Place of Business | | 3. Mailing Address | | 01202005 | Chg-LLC | CR2E083 (10/03) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For | |
| City & State | | City & State | | 20-0890360 | Not Applicable | |
| Zip | Country | Zip | Country | 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 | | | | | |
| BROWN, B. MACKAY ESQ. C/O WHITE & BROWN, P.A. 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Code |

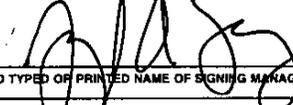
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

| | |
|---|--|
| 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 | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANZ, JOSEPH | | | NAME | | | |
| STREET ADDRESS | 9000 SW 152ND STREET, SUITE 106 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUHRMASTER, NORMAN J | | | NAME | | | |
| STREET ADDRESS | 9000 SW 152ND STREET, SUITE 106 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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:  **7/11/05** **305-278-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #