


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90178 007 ****50.00

DOCUMENT # L04000018726 1. Entity Name PALM DEVELOPERS, LLC			
Principal Place of Business C/O ORION INVT & MGMT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157		Mailing Address C/O ORION INVT & MGMT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	
2. Principal Place of Business 9155 S. DADELAND Suite, Apt. #, etc. SUITE 1602		3. Mailing Address 9155 S. DADELAND Suite, Apt. #, etc. SUITE 1602	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country USA	Zip 33156	Country USA
4. FEI Number 20-0890360		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BROWN, B. MACKAY ESQ. C/O WHITE & BROWN, P.A. 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name BROWN, B. MACKAY ESQ. C/O WHITE & BROWN PA Street Address (P.O. Box Number is Not Acceptable) 9155 S. DADELAND, SUITE 1602 City Miami FL Zip Code 33156	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANZ, JOSEPH 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUHRMASTER, NORMAN J 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 9155 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 9155 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 9155 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date 2/10/06 Daytime Phone # 305-978-8400	