

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030036

Entity Name: PALM PROPERTY, LLC

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

1424 SE MACARTHUR BOULEVARD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1424 SE MACARTHUR BOULEVARD
STUART, FL 34996

New Mailing Address:

FEI Number: 20-1054025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLLER, NEALE J
550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLLER, BRADLEY
Address: 1424 SE MACARTHUR BOULEVARD
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: NEWMAN, SUSAN
Address: 1424 SE MACARTHUR BOULEVARD
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: POLLER, KAREN
Address: 1424 SE MACARTHUR BOULEVARD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN POLLER

MGRM

08/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date