


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


DOCUMENT # L04000030989	
1. Entity Name PALMEIRA VILLAS AT SEAGROVE BEACH, LLC	

Principal Place of Business 4640 DESTINY WAY DESTIN, FL 32541 US	Mailing Address 4640 DESTINY WAY DESTIN, FL 32541 US
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DO NOT WRITE IN THIS SPACE

FILED

06 APR 25 AM 11:25



03222006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1042878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRBY, TIM 4640 DESTINY WAY DESTIN, FL 32541	<h2>DO NOT WRITE IN THIS SPACE</h2>
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, TIM 4640 DESTINY WAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, SCOTT 4640 DESTINY WAY DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4-21-06 (850) 650-3530

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