

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



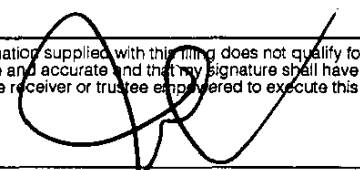
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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 050 ****50.00

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04222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000033562			
1. Entity Name PALACIO DEL MAR, LLC			
Principal Place of Business 2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606		Mailing Address C/O KOEHLER & COMPANY 1611 WEST PLATT STREET TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address 2101 W. PLATT ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 200	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
33606	USA	33606	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606		Keith W Koehler Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609	
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 4/25/05	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LUM, JOHN 2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/26/05 (813) 258-5478	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	