


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000033869 1. Entity Name PALM GROUP REALTY, LLC	
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Principal Place of Business 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408	Mailing Address 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408
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03302007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1104986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WAKSTEIN, GARY 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKSTEIN, GARY 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, HARRIET B 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORNE, MARTHA CAROL 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408
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<p>U000000701921 04/20/07-80078-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/2/07** **850 234 6112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #