## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000037830

City-St-Zip:

Entity Name: SIX PALMS INVESTORS, LLC

FILED May 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7525 PALMER GLEN CIRCLE SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 7525 PALMER GLEN CIRCLE SARASOTA, FL 34240 FEI Number: 20-1160608 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: KNOWLES, TIMOTHY A ESQ. 1205 MANATE AVE., W BRADENTON, FL 34205 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/MEMBERS: ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition LESNAK, JANICE M PRES. Name: Name: Address: Address: 7525 PALMER GLEN CIRCLE City-St-Zip: City-St-Zip: SARASOTA, FL 34240 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: SCHUSTER, WARREN R V. P. Address: Address: 7525 PALMER GLEN CIRCLE City-St-Zip: City-St-Zip: SARASOTA, FL 34240 Title: () Delete Title: ( ) Change (X) Addition PERCOCO, VANESSA M MEMBER Name: Name: 8 DOLPHIN GREEN - APT. #D1B Address: Address: City-St-Zip: City-St-Zip: PT. WASHINGTON, NY 11050 Title: () Delete Title: MR. ( ) Change (X) Addition PERCOCO, EVAN MEMBER Name: Name: 6201 GOETHE ST. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

ORLANDO, FL 32835

SIGNATURE: JANICE M. LESNAK MS. 05/03/2005