

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90110 028 \*\*\*\*55.00

<b>DOCUMENT # L04000041674</b>					
<b>1. Entity Name</b> PALMLAND HOLDINGS, LLC					
<b>Principal Place of Business</b> 2199 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2199 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b> 150 Alhambra Circle Suite, Apt. #, etc. <u>Suite 925</u>		<b>3. Mailing Address</b> 150 Alhambra Circle Suite, Apt. #, etc. <u>925</u>			
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables</u>		<b>4. FEI Number</b> <u>20-1670463</u>	
Zip <u>33134</u> Country <u>Dade</u>		Zip <u>33134</u> Country <u>Dade</u>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE. 103 MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <u>FL</u> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOPEZ-CANTERA, CARLOS 2199 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>				Date <u>4/28/05</u> Daytime Phone # <u>305-856-0056</u>	