




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000041674</b> 1. Entity Name <b>PALMLAND HOLDINGS, LLC</b>						<b>FILED</b> <b>06 MAY -1 PM 2:28</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>150 ALHAMBRA CIRCLE</b> <b>SUITE 925</b> <b>CORAL SPRINGS, FL 33134</b>				Mailing Address <b>150 ALHAMBRA CIRCLE</b> <b>SUITE 925</b> <b>CORAL SPRINGS, FL 33134</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>20-1670463</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC.</b> <b>2300 CORAL WAY, STE. 103</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2000 P5104908</b> <b>05/23/06 01052 015 **55.00</b> City <b>FL</b> Zip Code			
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 _____							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>LOPEZ-CANTERA, CARLOS</b> <b>150 ALHAMBRA CIRCLE, SUITE 925</b> <b>CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>5/8</b>		
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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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.							
<b>SIGNATURE</b> 				<b>CARLOS C. LOPEZ-CANTERA</b> 425-06 305-4610563			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			