2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # L04000044456 1. Entity Name PICERNE PALM KEY, LLC				South		90024 045 ****5		
Principal Plac	e of Business	Mailing Address		\neg				
247 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 247 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 3				w 2%				
2. Principal Place of Business		3. Mailing Address			30 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb	per ED FOR		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	S5.00 Add		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	egistered Agent	***	
DAG CORRODATE CERVICES OF CENTRAL FLORIDA			Name	Name .				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO. FL 32801			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	.,. =							
			City	FL Zip Code				
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regis	tered agent, or b	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE								
,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State				
	,, .,				Florida	a Department of Stat	e	
9.	MANAGING MEMBE	RS/MANAGERS	10.		Florida ADDITIONS/		e	
TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR & PICEZNE, ROBERT M. 247N. WESTMONTE DRIVE	☐ Delete	TITLE NAME STREET ADDRESS				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR & PICEZNE, ROBERT M.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			CHANGES Change	Addition	
TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR & PICEZNE, ROBERT M. 247N. WESTMONTE DRIVE	☐ Delete	TITLE NAME STREET ADDRESS			CHANGES		
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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: Robert M PICERWE 4/27/06 4077720200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone #