

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90307 001 ***100.00

DOCUMENT # L04000047122

1. Entity Name
PALM CLUB APARTMENTS, LLC



Principal Place of Business
**1411 WALNUT STREET
PHILADELPHIA, PA 19102**

Mailing Address
**1411 WALNUT STREET
PHILADELPHIA, PA 19102**

30000762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
33-1094713

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTHSCHILD, DANIEL K
160 SOUTHEAST 3RD AVENUE
MIAMI, FL 33131**

Name **DAN ROTHSCCHILD**

Street Address (P.O. Box Number is Not Acceptable)

11221 REDBERRY DRIVE

City **DAVIE**

FL **33330**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PMC/PALM CLUB APARTMENTS, LLC**
STREET ADDRESS **1411 WALNUT STREET**
CITY-ST-ZIP **PHILADELPHIA, PA 19102**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/06

215-242-0000