## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L04000047122

1. Entity Name

PALM CLUB APARTMENTS, LLC



FILED
Apr 16, 2007 08:00 AN
Secretary of State

Principal Place of Business

1411 WALNUT STREET PHILADELPHIA, PA 19102 Mailing Address

1411 WALNUT STREET PHILADELPHIA, PA 19102



03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1094713

Applied For Not Applicable

6. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSCHILD, DANIEL K 11221 REDBERRY DR FORT LAUDERDALE, FL 33330

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|          | ove named entity submits this statement for the purpose of cha<br>gations of registered agent. | anging its registered office or registered agent, or both    | n, in the State of Florida I am famil | iar with, and accept |
|----------|--|--|---------------------------------------|----------------------|
| SIGNATUI | Signature, typed or printed name of registered agent and little if applicable                  | (NOTE: Registered Agent signature required when reinstating) | DATE                                  | <del></del>          |
|          |  |  |                                       | •                    |

## Filing Fee Is \$50.00 Due by May 1, 2007

| 9.  | MANAGING MEMBERS/MANAGERS                             |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS                             | MGRM PMC/PALM CLUB APARTMENTS, LLC 1411 WALNUT STREET |
| CITY - ST- ZIP  TITLE  NAME  STREET ADORESS  CITY - ST- ZIP | PHILADELPHIA, PA 19102                                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   |
| TITLE NAME STREET ADDRESS CITY - ST- ZIP                    |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   |

- U00000709552 04/25/07-80008-007-50.00

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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 regeiver 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, OR AUTHORIZED REPRESENTATIVE

4/11/07

De

Daytime Phone #