


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 044 ****75.00

DOCUMENT # L04000048940

1. Entity Name
PALM & SOUL, LLC



Principal Place of Business Mailing Address
C/O MARC H. AUERBACH, ESQ. **C/O MARC H. AUERBACH, ESQ.**
201 S. BISCAYNE BLVD., SUITE 2000 **201 S. BISCAYNE BLVD., SUITE 2000**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address
6280 SUNSET DR. **6280 SUNSET DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
611 **# 611**
 City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33143 **US** **33143** **US**



0112005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-1337919 Not Applicable

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

AUERBACH, MARC H ESQ. Name **Arthur Colsky M.D., Ph.D.**
201 S. BISCAYNE BLVD., SUITE 2000 Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33131 **6280 SUNSET DR. # 611**
 City State Zip Code
MIAMI **FL** **33143**

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  **Arthur Colsky M.D., Ph.D.** DATE **4/14/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2005 **Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLSKY, ARTHUR M.D. 6280 SUNSET DRIVE, SUITE 611 MIAMI, FL 33143 <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Arthur Colsky MD PhD** Date **4/14/05** City/Time Phone # **305-7406181**

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

ATTACHMENT

20040693
#L04000048940

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: PALM & SOUL, LLC

2. The mailing address of the limited liability company is: 6280 SUNSET DR.
SUITE 611 MIAMI, FL 33143

10/30/2004

L04000048940

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MARC H. AUERBACH, ESQ.

Name

201 S. BISCAYNE BLVD. #2000

Address

MIAMI FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

ARTHUR COLSKY M.D., Ph.D.

Name

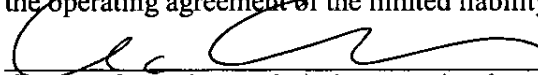
6280 SUNSET DR. # 611

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33143

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

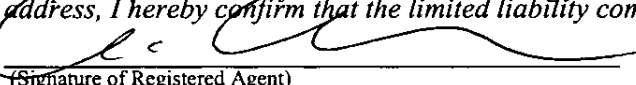


(Signature of a member or authorized representative of a member)

ARTHUR COLSKY M.D., Ph.D.

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314