

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90086 043 *****50.00

DOCUMENT # L04000051848 1. Entity Name PALMS POINTE OFFICE PARK, LLC					
Principal Place of Business 304 SOUTH HARBOR CITY BLVD., STE. 201 MELBOURNE, FL 32901			Mailing Address 304 SOUTH HARBOR CITY BLVD., STE. 201 MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 575 S. Wickham Rd Suite, Apt. #, etc. Suite E City & State West Melbourne, FL Zip 32904		3. Mailing Address 575 S. Wickham Rd Suite, Apt. #, etc. Suite E City & State West Melbourne, FL Zip 32904			
01192007 Chg:LLC CR2E083 (12/06)				4. FEI Number 20-1947798	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, COY A 575 S. WICKHAM ROAD, SUITE E WEST MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CLARK, COY A 575 S. WICKHAM RD, SUITE E WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ <i>Coy A. Clark</i> 1/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					