

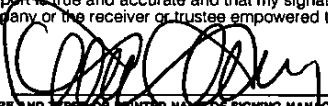


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053427 1. Entity Name PALMLAND PROPERTIES, LLC						FILED 05 MAY -2 PM 5: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2199 PONCE DE LEON BOULEVARD, SUITE 200 CORAL GABLES, FL 33134				Mailing Address 2199 PONCE DE LEON BOULEVARD, SUITE 200 CORAL GABLES, FL 33134					
2. Principal Place of Business 150 Alhambra Circle		3. Mailing Address Suite, Apt. #, etc. 925		04192005 Chg-LLC CR2E083 (10/03)					
Suite, Apt. #, etc. 925		Suite, Apt. #, etc. 925		4. FEI Number 20-1670483		Applied For <input type="checkbox"/> Not Applicable			
City & State Coral Gables FL		City & State Coral Gables, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Zip 33134			
Country Dade		Country Dade		6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
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 MGR <input type="checkbox"/> Delete NAME LOPEZ-CANTERA, CARLOS STREET ADDRESS 2199 PONCE DE LEON BOULEVARD, SUITE 200 CITY - ST - ZIP CORAL GABLES, FL 33134				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 150 Alhambra Circle, Suite 925 STREET ADDRESS Coral Gables, FL 33134 CITY - ST - ZIP 33134					
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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: 				4/27/05				305 856 0056	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>				<small>Daytime Phone #</small>	