2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053427 FILED 1. Entity Name PALMLAND PROPERTIES, LLC 06 MAY -1 PM 2: 29 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE 925 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable 20-1670483 Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, S UITE 103 MIAMI, FL 33145 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9 1 40007510母婦婦40Addition 05/23/06--01052--016 **\$5.00 MGR TITLE TITLE ☐ Delete NAME LOPEZ-CANTERA, CARLOS NAME 150 ALHAMBRA CIRCLE #925 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET AUTORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete mr NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplies 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 be receiver or sustain ampowered to execute this report as required by Chapter 608, Florida Statutes. LOPEZ CAUTERA SIGNATURE E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE