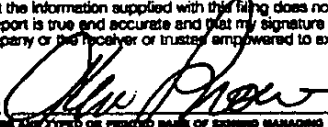


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90157 014 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000061468			
1. Entity Name PALM CITY BEACH, LLC			
Principal Place of Business 3953 SOUTHWEST BRUNER TERRACE PALM CITY, FL 34990 US		Mailing Address 3953 SOUTHWEST BRUNER TERRACE PALM CITY, FL 34990 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DVORAK, THOMAS W 2055 SOUTH KANNER HIGHWAY STUART, FL 34994		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	MGRM SNOW, GLEN R 3112 SOUTHWEST SEABOARD AVENUE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNOW, GLEN R 6070 SW BLUESKY LANE PALM CITY, FL 34990 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNOW, P. RORY A 19801 W 99TH ST. LENEXA, KS 66220 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER SNOW, DARCY * 6070 S.W. BLUESKY LANE PALM CITY, FL 34990 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  GLEN SNOW		4/5/2007 (772) 220-2242	
SIGNATURE MUST BE TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			