

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 004 ****50.00

DOCUMENT # L04000064232		
1. Entity Name PALM COVE, LLC		

Principal Place of Business 333 LAS OLAS WAY #1209 FORT LAUDERDALE FL 33301 US	Mailing Address 333 LAS OLAS WAY #1209 FORT LAUDERDALE FL 33301 US
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2. Principal Place of Business - No P.O. Box # 333 Las Olas Way Suite, Apt. #, etc. 3107	3. Mailing Address 333 Las Olas Way Suite, Apt. #, etc. 3107
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1st MOORE CR2E083 (10/06)

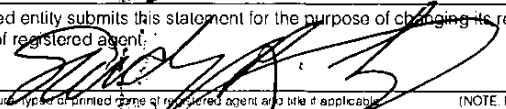
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301	Country USA

4. FEI Number 38-3707259	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, SANDY R 333 LAS OLAS WAY #1209 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 Las Olas Way - #3107 City Fort Lauderdale FL Zip Code 33301	
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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:  DATE: 1/27/07	
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDY R. LEVY, (ROTH IRA) 333 LAS OLAS WAY, #1209 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACKMIL, BRUCE 275 VIA ROSADO 44B BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 Las Olas Way - #3107 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE: 1/27/07	DAYTIME PHONE: 954-304-2000
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