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 3107
#~~1209~~
FORT LAUDERDALE FL 33301
US

Mailing Address
333 LAS OLAS WAY 3107
#~~1209~~
FORT LAUDERDALE FL 33301
US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #: 333 Las Olas Way
Suite, Apt. #, etc.: 3107
City & State: Fort Lauderdale, FL
Zip: 33301 Country: USA

3. Mailing Address: 333 Las Olas Way
Suite, Apt. #, etc.: 3107
City & State: Fort Lauderdale FL
Zip: 33301 Country: USA

4. FEI Number: 38-3707259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LEVY, SANDY R
333 LAS OLAS WAY 3107
#~~1209~~
FORT LAUDERDALE FL 33301

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

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: _____ 1/27/07
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM ☐ Delete
NAME	SANDY R. LEVY, (ROTH IRA)
STREET ADDRESS	333 LAS OLAS WAY, ~~#1209~~ 3107
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	MGRM ☐ Delete
NAME	RACKMIL, BRUCE
STREET ADDRESS	275 VIA ROSADO 44B
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	333 Las Olas Way - #3107
CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: _____ 1/27/07 954-304-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #