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

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
333 Las Olas Way	333 Las Olas Way
Suite, Apt. #, etc. 3107	Suite, Apt. #, etc. 3107
City & State Fort Lauderdale, FL	City & State Fort Lauderdale FL
Zip 33301 Country USA	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
#~~1209~~ 3107
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 [signature] 1/27/07
Signature, typed 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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANDY R. LEVY, (ROTH IRA) 333 LAS OLAS WAY, #~~1209~~ 3107 FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	333 Las Olas Way - #3107 Fort Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RACKMIL, BRUCE 275 VIA ROSADO 44B BOCA RATON FL 33434	☐ 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
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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 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: [signature] 1/27/07 954-304-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #