

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90005 002 \*\*\*\*50.00

<b>DOCUMENT # L04000065313</b>					
<b>1. Entity Name</b> PALM DEVELOPMENT & CAPITAL LLC					
<b>Principal Place of Business</b> 5961 MIDNIGHT PASS ROAD, #306 SARASOTA, FL 34242			<b>Mailing Address</b> 1128 KILDARE AVENUE LIBERTYVILLE, IL 60048		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1939 LAKE CHARLES DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State VERNON HILLS, IL		<b>4. FEI Number</b> 20-1829401	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 60061		Country U.S.		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONG, JOHN 250 CENTER DRIVE VERNON HILLS, IL 60061		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1939 LAKE CHARLES DRIVE VERNON HILLS IL 60061	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONG, JEFFREY 250 CENTER DRIVE VERNON HILLS, IL 60061		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1939 LAKE CHARLES DRIVE VERNON HILLS IL 60061	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESBITT, JAMES 1128 KILDARE AVENUE LIBERTYVILLE, IL 60048		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	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 6/27/06 Daytime Phone #: 847-816-0606		