

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L04000065313**

1. Entity Name  
**PALM DEVELOPMENT & CAPITAL LLC**



Principal Place of Business  
**5961 MIDNIGHT PASS ROAD, #306  
 SARASOTA, FL 34242**

Mailing Address  
**1128 KILDARE AVENUE  
 LIBERTYVILLE, IL 60048**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1939 LAKE CHARLES DRIVE**  
 Suite, Apt. #, etc.

City & State  
**VERNON HILLS, IL**

Zip  
**60061** Country  
**U.S.**



06222006 Chg-LLC CR2E083 (11/05)

**6. Name and Address of Current Registered Agent**

**SILBERSTEIN, DAVID M  
 720 SOUTH ORANGE AVENUE  
 SARASOTA, FL 34236**

4. FEI Number  
**20-1829401** Applied For  
 Not Applicable

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONG, JOHN 250 CENTER DRIVE VERNON HILLS, IL 60061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1939 LAKE CHARLES DRIVE VERNON HILLS IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESBITT, JAMES 1128 KILDARE AVENUE LIBERTYVILLE, IL 60048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **6/27/06** 847-816-0606  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #