2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000072492

1. Entity Name

CITY-ST-ZIP

THE PALMS OF BAY HARBOR III, LLC



Principal Place of Business

2700 SOUTH NELSON STREET ARLINGTON, VA 22206

Mailing Address

2700 SOUTH NELSON STREET ARLINGTON, VA 22206

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90281 001 ***385.00

30005894



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number				Applied For
20-1702717				Not Applicable
5 Codificate of Status Desired	tv/	\$5.00 Additional		

Fee Required

6. Name and Address of Current Registered Agent

HR MORTGAGE & REALTY COMPANY 444 BRICKELL AVENUE, SUITE 212 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<u> </u>	organization, types or printed hards or registered agent and me applicable.	(MOLE: Legistered whout sithingmis radning aminut (authorities)	DATE
Fi O	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	PSTD		
NAME	HERRICK, SCOTT		
STREET ADDRESS	2700 SOUTH NELSON STREET		
CITY-ST-ZIP	ARLINGTON, VA 22206		
TITLE	MGRM		
NAME	KAMMLER, CHRIS		
STREET ADDRESS	2700 SOUTH NELSON STREET		
CITY-ST-ZIP	ARLINGTON, VA 22206		
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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: SIGNATURE AND TYPES OR PRINTED NAM IG MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #