2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000072496

1. Entity Name

THE PALMS OF BAY HARBOR I, 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

30005896



01032006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-1702686 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

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	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agen	t, 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.	ANOTE Francisco Annual	
	Signature, typed or printed name or registered agent and the it approable.	(NOTE: Registered Agent signature required when reins	ating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERRICK, SCOTT 2700 SOUTH NELSON STREET ARLINGTON, VA 22206		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMMLER, CHRIS 2700 SOUTH NELSON STREET ARLINGTON, VA 22206		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			OO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this fitting 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 truefee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> IG MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OF

Daytime Phone #