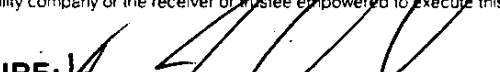
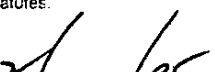


FILED
Mar 14, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # L04000072811						03-14-2005 90596 004 ***50.00	
1. Entity Name PALM INVESTMENTS, LLC							
Principal Place of Business C/O JOSHUA CASPI 19501 WEST COUNTRY CLUB DRIVE, UNIT 903 AVENTURA, FL 33180				Mailing Address C/O JOSHUA CASPI 19501 WEST COUNTRY CLUB DRIVE, UNIT 903 AVENTURA, FL 33180			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SEGAL, WILLIAM J ESQ. 20801 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180				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 May 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP MANAGER JOSHUA J. CASPI 19501 W. Country Club Dr # 903 AVENTURA, FL, 33180				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							