

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 08:00 A
Secretary of State

DOCUMENT # L04000073598					
1. Entity Name 1798 QUEEN PALM WAY, LLC					
Principal Place of Business C/O DAVID A. HOLMES, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address C/O DAVID A. HOLMES, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08082006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3936462				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, DAVID A ESQ FARR FARR EMERICH SIFRIT HACKETT AND CARR 99 NESBIT STREET PUNTA GORDA, FL 33950			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 Signature, typed or printed name of registered agent and title if applicable. (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	MGR LORICCO, CARLO J 3005 CARING WAY PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000575084 08/23/06-80003-004 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KHALIDI, NAVEED 299 FRY TERRACE PORT CHARLOTTE, FL 33952	<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	M KHALIDI, UMBREEN 299 FRY TERRACE PORT CHARLOTTE, FL 33952	<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:			941-629-1197		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		