


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90012 002 \*\*\*\*55.00

<b>DOCUMENT # L04000081997</b> 1. Entity Name <b>PALM EAST APARTMENTS, L.L.C.</b>					
Principal Place of Business <b>551 NW 42ND COURT POMPANO BEACH, FL 33064</b>			Mailing Address <b>2601 NE 18 STREET POMPANO BEACH, FL 33064</b>		
2. Principal Place of Business		3. Mailing Address <b>3768 W COQUINA WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WESTON FL</b>		01082006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>65-1236511</b>	
Zip <b>33332</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ARDELEAN, SORIN 2601 NE 18 STREET POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name <b>ARDELEAN SORIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3768 W COQUINA WAY</b> City <b>WESTON FL</b> Zip Code <b>33332</b>	
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 <u><i>Ardelean</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/8/06</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>ARDELEAN, SORIN 2601 NE 18TH STREET POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>ARDELEAN SORIN 3768 W COQUINA WAY WESTON FL 33332</b> <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	
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.					
<b>SIGNATURE:</b> <u><i>Ardelean</i></u>			Date <u>1/8/06</u> Daytime Phone #		