



04/24/2006 15:44 8634653323

WILLIAMS 5/8/20

FILED
Jul 25, 2006 8:00 am
Secretary of State

05-08-2006 90042 017 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|---|--|---|---|
| DOCUMENT # L0500001092 | |  | |
| 1. Entity Name PALM ISLAND, LLC | | | |
| Principal Place of Business 5106 WEST SAN JOSE STREET TAMPA, FL 33629 | | Mailing Address 5106 WEST SAN JOSE STREET TAMPA, FL 33629 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | Applied For <input checked="" 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 | |
| DURRANCE, CHAD G 5106 WEST SAN JOSE STREET TAMPA, FL 33629 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature is required when necessary)</small> | | | |
| Filing Fee is \$30.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DURRANCE, CHAD G 5106 W. SAN JOSE STREET TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 reflected on this report in my production shall have the same legal effect as if made under oath; and 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:  | | 4/26/06 E13-253-535 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE DAYONE PERIOD | |

30012165



04242006 Chg-LLC CR2E083 (11/05)