2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000009732

1. Entity Name
SEVEN PALMS, LLC

Principal Place of Business	Mailing Address
4502 HWY 20 EAST STE. A NICEVILLE, FL 32578	4502 HWY 20 EAST STE. A NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0227313
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DARBY, MICHAEL JOHN
4502 HWY 20 EAST STE. A
NICEVILLE, FL 32578

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000589620
01/18/07-80023-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DARBY, MICHAEL JOHN
STREET ADDRESS	4502 HWY 20 EAST STE.A
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	DARBY, BARBARA
STREET ADDRESS	4502 HWY 20 EAST STE.A
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: M Darby 16. Jan 07 850 230 1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #