

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000010573

1. Entity Name
PALACE, LLC



Principal Place of Business
**1350 ROBERTS BAY LANE
SARASOTA, FL 34242**

Mailing Address
**1350 ROBERTS BAY LANE
SARASOTA, FL 34242**



07062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2265446

Applied For
Not Applicable

5. Certificate of Status Desired **NO** **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DESROSIERS, FAYE I
1350 ROBERTS BAY LANE
SARASOTA, FL 34242**

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: Faye I. Desrosiers
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09 July 2007
DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

*PA. OK. 1024
09 July 2007*

000000753081
07/16/07-80013-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DESROSIERS, FAYE
1350 ROBERTS BAY LANE
SARASOTA, FL 34242**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Faye I. Desrosiers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

09 July 2007 941-344-2054
DATE Daytime Phone #