


FILED
Mar 23, 2006 8:00 am
Secretary of State

01-30-2006 90152 008 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000023723			
1. Entry Name ISLAND PALM TREE FARM, LLC			
Principal Place of Business 6394 LONGLAKE DRIVE PORT ORANGE, FL 32128		Mailing Address 6394 LONGLAKE DRIVE PORT ORANGE, FL 32128	
2. Principal Place of Business 525 SR RD 415		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N.S.B. FL 32168		City & State	
Zip USA		Country	
4. FEI Number 54-2171219		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SQUIRES, RANDY 6394 LONGLAKE DRIVE PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 _____			
Filing Fee is \$50.00 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-STATE-ZIP Managing member Randy Squires 6394 Longlake Dr. Port Orange, FL 32128		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30002953



01032006 Chg-LLC CR2E083 (11/05)



ATTACHMENT
36002953

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

ISLAND PALM TREE FARM, LLC
6394 LONGLAKE DR
PORT ORANGE, FL 32128

Subject: ISLAND PALM TREE FARM, LLC

Reference Number: L05000023723

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION



ATTACHMENT

30002953

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

ISLAND PALM TREE FARM, LLC
525 ST. RD 415
NEW SMYRNA BEACH, FL 32168

Subject: ISLAND PALM TREE FARM, LLC

Reference Number: L05000023723

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

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ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314