

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042190

FILED
Jan 10, 2007
Secretary of State

Entity Name: THE PALM MARKETING GROUP, LLC

Current Principal Place of Business:

735 ARLINGTON AVE. NORTH
SUITE 211
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

735 ARLINGTON AVE. NORTH
SUITE 211
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-3116236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOAN, JEFFREY G
3675 S. WESTSHORE BLVD.
#220
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MOAN, JEFFREY G
735 ARLINGTON AVENUE N
#211
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: JEFFREY G. MOAN

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOAN, JEFFREY G
Address: 3675 S. WESTSHORE BLVD., #220
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: SCMEICHEL, GARY
Address: 307 15TH AVENUE WEST, SUITE A
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOAN, JEFFREY G
Address: 735 ARLINGTON AVENUE N #211
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY SCHMEICHEL

MGR

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date