
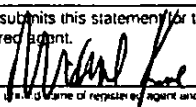
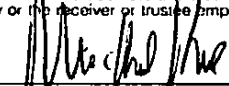


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-27-2006 90432 042 \*\*\*\*50.00

<b>DOCUMENT # L05000045176</b> 1. Entity Name <b>PALO, LLC</b>					
Principal Place of Business <b>1758 MARSH RUN NAPLES FL 34109</b>			Mailing Address <b>1758 MARSH RUN NAPLES FL 34109</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>43-2100786</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KANE, MICHAEL J 1758 MARSH RUN NAPLES FL 34109</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANE, MICHAEL J 1758 MARSH RUN NAPLES FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-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 Section 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30003064  
#L0500045/76

December 08 2005

DR-1CL  
R. 01/03

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

MICHAEL KANE  
1758 MARSH RUN  
NAPLES FL 34109-0345

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RE: Sales Tax Registration for Rental of Living Accommodations

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Sales Tax Certificate Number: 46-8013460120-9

Rental Property Address: 10037 OAKHURST WAY  
FORT MYERS FL 33913-7091

Broker/Management Company: COUNTRY CLUB RENTALS INC

Wrong Address  
Not Rented.  
1-17-06

Dear Florida Rental Property Owner:

(10037 Oakhurst  
is Rented)

An application for registration of your rental property has been processed. Your property has been assigned the sales tax certificate number referenced above. The *Certificate of Registration* (Form DR-11N) has been mailed to your broker/management company.

This sales tax certificate number **does not** allow you to purchase taxable merchandise or services for your own use exempt from sales tax.

The broker/management company has agreed to collect all tax due on the rental of your property and report and remit the tax under their certificate number. However, the property owner remains responsible for the tax obligation in the event the broker/management company fails to collect or remit the tax due to the Department.

If your agreement with the broker/management company ceases, you must notify the Department in writing. Please provide the sales tax registration number of your property and the date your broker/management company will no longer collect rent on your behalf. You may notify the Department by mail at the following address:

Registration Unit  
5050 W. Tennessee St.  
Tallahassee, Florida 32399-0100

or by facsimile at:

850-922-5938

If we can further assist you, please contact us at 850-488-9750.