2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045304

Entity Name: THREE PALMS PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
10805 SANDY RUN ROAD JUPITER, FL 33478 US	9400 SE POINT TERRACE JUPITER, FL 33469 US

Current Mailing Address:	**New Mailing Address:**
10805 SANDY RUN ROAD JUPITER, FL 33478 US	9400 SE POINT TERRACE JUPITER, FL 33469 US

FEI Number: 20-4190057   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:
Title: MGR ( ) Delete Name: ASCANI, DANIEL L Address: 10805 SANDY RUN ROAD City-St-Zip: JUPITER, FL 33478 US		Title: MGR (X) Change ( ) Addition Name: ASCANI, DANIEL L Address: 9400 SE POINT TERRACE City-St-Zip: JUPITER, FL 33469 US
Title: MGR ( ) Delete Name: ASCANI, SHELIA Address: 10805 SANDY RUN ROAD City-St-Zip: JUPITER, FL 33478 US		Title: MGR (X) Change ( ) Addition Name: ASCANI, SHELIA Address: 9400 SE POINT TERRACE City-St-Zip: JUPITER, FL 33469 US

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL L ASCANI   MGR   04/30/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date