

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045792

Entity Name: BLUE PALMS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

7801 SW 24 STREET
102
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7801 SW 24 STREET
102
MIAMI, FL 33155 US

New Mailing Address:

P O BOX 560118
MIAMI, FL 33256 US

FEI Number: 37-1509381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMS MEDICAL CENTER, LLC
7801 SW 24 STREET
102
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: OSSORIO, JOSEPH M
Address: PO BOX 560118
City-St-Zip: MIAMI, FL 331256

Title: MGR (X) Delete
Name: MONTMOREAU LIMITED P, ARTNERSHIP
Address: P O BOX 562966
City-St-Zip: MIAMI, FL 33256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALMS ENTERPRISES, L, LC
Address: 1005 TERMINAL WAY, STE 110
City-St-Zip: RENO, NV 89502

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: BRENDA FONTAINE

MGR

04/28/2006

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