2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L05000050570

Entity Name: J & M PALMA CEIA 52, LLC

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

169 EAST FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, JACIENTO J
169 E. FLAGLER STREET
SUITE 1440
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GONZALEZ, JACINTO J
169 E. FLAGLER STREET
SUITE 1440
MIAMI, FL 33131 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: JACINTO J. GONZALEZ 04/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, JACIENTO J
Address: 169 E. FLAGLER STREET, SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete
Name: STOKES, MARK L
Address: 169 E. FLAGLER STREET, SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GONZALEZ, JACINTO J
Address: 169 E. FLAGLER STREET, SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

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: JACINTO J. GONZALEZ MGRM 04/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date