

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060792

Entity Name: PALM COAST MANAGEMENT LLC

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 212157
ROYAL PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

PO BOX 212157
ROYAL PALM BEACH, FL 33412

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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

HILSMAN & WEAVER TAX AND ACCOUNTING INC
85 SE 4TH AVENUE
104
DELRAY BEACH, FL 33483 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: CHRISTINA HILSMAN

02/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLINOIS MANAGER INC, .
Address: PO BOX 212157
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERTZFELDT, THOMAS D
Address: 141 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Change (X) Addition
Name: BOLAND, KELLY
Address: 141 SEMINOLE LAKES DR
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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: KELLY BOLAND

MGRM

02/23/2006

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