


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90031 013 ****55.00

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| DOCUMENT # L05000069411 | |  |
| 1. Entity Name PALM AVENUE PARTNERS, LLC | | |

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|---|---|
| Principal Place of Business 309 MAIN STREET A PEORIA, IL 61602 | Mailing Address 309 MAIN STREET A PEORIA, IL 61602 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

60039988



03272007 Chg-LLC CR2E083 (12/06)

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|--|--|
| 4. FEI Number 84-1684644 APPLIED FOR | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LEITER, THOMAS E 200 WHEELER ROAD BOCA GRANDE, FL 33921 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

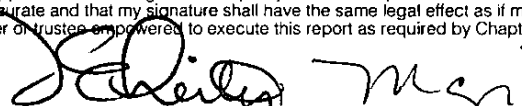
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEITER, MATTHEW T 8400 PLACIDA ROAD PLACIDA, FL 33921 <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 | MGR LEITER, THOMAS E 309-A MAIN STREET PEORIA, IL 61602 <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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Thomas E. Leiter**
Date: **4-9-2007** Daytime Phone #: **(309) 673-2922**