


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000069749

1. Entity Name
ROYAL PALM ASSOCIATES LLC



Principal Place of Business
2701 CLIPPER CIRCLE
WEST PALM BEACH FL 33411
US

Mailing Address
2701 CLIPPER CIRCLE
WEST PALM BEACH FL 33411
US



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number 83-0434222 Applied For Not Applied

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

000000608928
02/01/07-80029-024 50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS CITY ST ZIP	TITLE	NAME	STREET ADDRESS CITY ST ZIP
	MGRM	SANDT, ROBERT H 2701 CLIPPER CIRCLE WEST PALM BEACH FL 33411	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
	MGRM	CRAPANZANO, EUGENE 2701 CLIPPER CIRCLE WEST PALM BEACH FL 33411	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
			<input type="checkbox"/> Change	<input type="checkbox"/> Add	
			<input type="checkbox"/> Change	<input type="checkbox"/> Add	
			<input type="checkbox"/> Change	<input type="checkbox"/> Add	
			<input type="checkbox"/> Change	<input type="checkbox"/> Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1/23/07 561-753-9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE