


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90023 047 ****50.00

DOCUMENT # L05000071420 1. Entity Name 501 PALM L.L.C.	
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Principal Place of Business 1400 ALABAMA AVENUE, STE. 20 WEST PALM BEACH, FL 33401	Mailing Address 1400 ALABAMA AVENUE, STE. 20 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

00001000



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKHARDT, VINCENT G 1400 ALABAMA AVENUE, STE. 20 WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKHARDT, VINCENT G 1400 ALABAMA AVENUE, STE. 20 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKHARDT, SHARON H 1400 ALABAMA AVENUE, STE. 20 WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

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: <i>Sharon H. Burkhardt, Mgr</i> 04/18/07 561 659-1400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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Sharon H. Burkhardt