

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 016 ****50.00

DOCUMENT # L05000082991					
1. Entity Name PALMBROOKE INVESTMENTS, LLC					
Principal Place of Business 5202 GLENCOVE LANE WEST PALM BEACH, FL 33415 US			Mailing Address PO BOX 212272 WEST PALM BEACH, FL 33421 US		
2. Principal Place of Business 8260 St. Johns Ct. Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Wellington, FL Zip: 33414 Country: US			City & State City: Zip: Country:		
4. FEI Number 20-3373509			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WEBER, CHRISTOPHER T 5202 GLENCOVE LANE WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 8260 St. Johns Ct. City: Wellington FL 33414		
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)					
Filing Fee is \$50.00 Due by May 1, 2006.		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WEBER, CHRISTOPHER T STREET ADDRESS 5202 GLENCOVE LANE CITY - ST - ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME 8260 St. Johns Ct. STREET ADDRESS Wellington, FL 33414 CITY - ST - ZIP	<input checked="" 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: _____			4/24/06 561-236-6850		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		