2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087000

Entity Name: PALM TREE MASTERS, LLC

FILED Apr 24, 2006 Secretary of State

P.O. BOX 8248 10416 NEW BERLIN ROAD

FLEMING ISLAND, FL 32006 US SUITE 8

JACKSONVILLE, FL 32226 US

Current Mailing Address: New Mailing Address:

P.O. BOX 8248

FLEMING ISLAND, FL 32006 US

FEI Number: 20-3420742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, W. MICHAEL 6737 CABELLO DRIVE JACKSONVILLE, FL 32226

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 TASSEFF, WILLIAM
 Name:

 Address:
 P.O. BOX 8248
 Address:

 City-St-Zip:
 FLEMING ISLAND, FL 32006 US
 City-St-Zip:

US

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ANDERSON, W. MICHAEL
 Name:

 Address:
 P.O. BOX 8248
 Address:

 City-St-Zip:
 FLEMING ISLAND, FL 32006 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BRAMLETT, JEFF
 Name:

 Address:
 P.O. BOX 8248
 Address:

 City-St-Zip:
 FLEMING ISLAND, FL 32006 US
 City-St-Zip:

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: W. MICHAEL ANDERSON MGRM 04/24/2006