

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090746

Entity Name: PALM PROPERTIES LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

2163 BALSAN WAY
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

2163 BALSAN WAY
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-1263868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON EICKHOFF, KARI M
13046 ROYAL FERN DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

EICKHOFF, JAMES J
2163 BALSAN WAY
WELLINGTON, FL 33414 US

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: JAMES JASON EICKHOFF

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLISON EICKHOFF, KARI M
Address: 13046 ROYAL FERN DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Delete
Name: EICKHOFF, JAMES J
Address: 13046 ROYAL FERN DRIVE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EICKHOFF, JAMES J
Address: 2163 BALSAN WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change () Addition
Name: EICKHOFF, KARI M
Address: 2163 BALSAN WAY
City-St-Zip: WELLINGTON, FL 33414 US

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: JAMES EICKHOFF

MM

03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date