
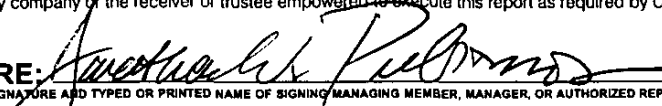



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 010 ****50.00

| | | | | | |
|---|---------------------------------|---------------------------|---|---|--|
| DOCUMENT # L05000093666 | | | |  | |
| 1. Entity Name PALM SPRINGS REAL ESTATE, LLC | | | | | |
| Principal Place of Business 922 LIVEOAK LEAF COURT APOPKA, FL 32712 US | | | Mailing Address 922 LIVEOAK LEAF COURT APOPKA, FL 32712 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02162006 Chg-LLC CR2E083 (11/05) | |
| Zip | | Country | | 4. FEI Number 224-96-3212 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| JONES, BRET ESQ. 700 ALMOND STREET CLERMONT, FL 34711 | | | Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PREBLE, JONATHAN W DMD | | NAME | | |
| STREET ADDRESS | 922 LIVEOAK LEAF COURT | | STREET ADDRESS | | |
| CITY - ST - ZIP | APOPKA, FL 32712 | | CITY - ST - ZIP | | |
| | <input type="checkbox"/> Delete | | | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| | <input type="checkbox"/> Delete | | | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| | <input type="checkbox"/> Delete | | | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| | <input type="checkbox"/> Delete | | | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| | <input type="checkbox"/> Delete | | | | |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date:  Daytime Phone # _____ | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |