

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100992

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: PALM COVE DEVELOPMENT OF BRADENTON, LLC

## Current Principal Place of Business:

1637 N. MILWAUKEE AVE.  
CHICAGO, IL 60647

## New Principal Place of Business:

137 OSPREY POINT DR.  
OSPREY, FL 34229

## Current Mailing Address:

1637 N. MILWAUKEE AVE.  
CHICAGO, IL 60647

## New Mailing Address:

137 OSPREY POINT DR.  
OSPREY, FL 34229

FEI Number: 20-3639093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

KNOWLES, TIMOTHY A ESQ.  
1205 MANATEE AVE. W.  
BRADENTON, FL 34205 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: TIMOTHY A. KNOWLES

03/31/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: CARLSON, WALTER K  
Address: 137 OSPREY POINT DR.  
City-St-Zip: OSPREY, FL 34229

Title: MGR ( ) Change (X) Addition  
Name: CARLSON, RICHARD D  
Address: 16560 HUTCHINSON RD.  
City-St-Zip: ODESSA, FL 33556

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: WALTER K. CARLSON

MGR

03/31/2006

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