

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102474

FILED
Apr 30, 2007
Secretary of State

Entity Name: PALMS COURT CONDOMINIUMS, LLC

Current Principal Place of Business:

9857 ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

Current Mailing Address:

9857 ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

9857 OLD ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

New Mailing Address:

9857 OLD ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

FEI Number: 20-3187278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL HASSAN, MARC M
9857 ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

EL HASSAN, MARC M
9857 OLD ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257 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: MARC MAJED EL HASSAN

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EL HASSAN, MARC M
Address: 9857 ST. AUGUSTINE ROAD, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EL HASSAN, MARC M
Address: 9857 OLD ST. AUGUSTINE ROAD, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify 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: MARC MAJED EL HASSAN

MGRM

04/30/2007

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