

FILED
Jun 02, 2006 8:00 am
Secretary of State

30009371

DOCUMENT # L05000109592

1. Entity Name
PALMA SOLA POINTE INVESTMENT PARTNERS, LLC



Principal Place of Business
130 RIVIERA DUNES WAY
PALMETTO, FL 34221 US

Mailing Address
130 RIVIERA DUNES WAY
PALMETTO, FL 34221 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04262006 Chg-LLC CR2E083 (11/05)

Zip
Country

5. Certificate of Status Desired
0

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
PARLEY Investment Enterprises, Inc
130 Riviera Dunes Way
Palmetto, FL 34221

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
Salar, Inc
130 Riviera Dunes Way
Palmetto, FL 34221

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
Big Ski Daddy
130 Riviera Dunes Way
Palmetto, FL 34221

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

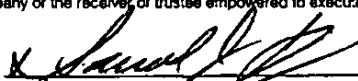
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  K4/27/06 K941-721-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #