2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# L05000113073

Entity Name: PALMS GROUP, LLC

Current Principal Place of Business:

823 DUNLAWTON AVE., SUITE A
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

823 DUNLAWTON AVE., SUITE A
PORT ORANGE, FL 32127

New Mailing Address:

1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RANCOURT, EDMOND
823 DUNLAWTON AVE., SUITE A
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 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: JOE LOGUIDICE 05/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCGRATH, TIMOTHY
Address: 823 DUNLAWTON AVE., SUITE A
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete
Name: RANCOURT, EDMOND
Address: 823 DUNLAWTON AVE., SUITE A
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RANCOURT EDMOND MRG 05/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date