

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90148 038 \*\*\*\*50.00

<b>DOCUMENT # L05000116361</b> 1. Entity Name <b>OSCEOLA PALMS, LLC</b>					
Principal Place of Business <b>8222 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b>			Mailing Address <b>8222 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
04242006 Chg-LLC CR2E083 (11/05)			4. FEI Number <b>20-3957038</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>PEREZ, RAFAEL A 102 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>101 Alhambra Circle</b> Suite 702 City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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 <u>Rafael A. Perez</u> DATE <u>5-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FLORIDA EXCHANGE CORPORATION IV 8222 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5-24-06</u> (321) 887-9054 <small>Daytime Phone #</small>		

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