



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90076 046 \*\*\*\*50.00

<b>DOCUMENT # L06000005741</b>					
<b>1. Entity Name</b> PALM PROPERTIES, LLC					
<b>Principal Place of Business</b> 7800 RED ROAD STE 101 SOUTH MIAMI, FL 33143			<b>Mailing Address</b> 7800 RED ROAD STE 101 SOUTH MIAMI, FL 33143		
<b>2. Principal Place of Business - No P.O. Box #</b> 721 NE 72 TERRACE		<b>3. Mailing Address</b> 721 NE 72 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 20-4133506	
<b>Zip</b> 33138		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name: JO WILDER Street Address (P.O. Box Number is Not Acceptable): 721 NE 72 TERRACE City: MIAMI, FL Zip Code: 33138		
<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.</b> SIGNATURE: <u>Jo Wilder</u> JO WILDER    2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDER, JO 7800 RED ROAD STE 101 SOUTH MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDER, JO 721 NE 72 TERRACE MIAMI, FL 33138	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Jo Wilder</u> JO WILDER			2/20/07    305-778-8838		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		