

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032051

Entity Name: PALM RESEARCH GROUP, LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

735 ARLINGTON AVE. NORTH SUITE 211  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

735 ARLINGTON AVE. NORTH SUITE 211  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 68-0641183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOAN, JEFFREY G  
3675 S. WESTSHORE BLVD.  
220  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

MOAN, JEFFREY G  
735 ARLINGTON AVENUE NORTH  
211  
ST PETERSBURG, FL 33701 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: JEFFREY G. MOAN

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOAN, JEFFREY G  
Address: 2704 W. BALLAST POINT BLVD.  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: SCHMEICHEL, GARY R  
Address: 307 15TH AVE. WEST  
City-St-Zip: PALMETTO, FL 34221

**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: GARY R SCHMEICHEL

MGRM

01/11/2007

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