


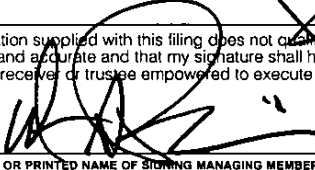
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90060 046 ****50.00

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DOCUMENT # L06000051730					
1. Entity Name PALM TREE HOLDINGS OF CENTRAL FLORIDA, LLC					
Principal Place of Business 130 SOUTH MAIN STREET WINTER GARDEN, FL 34787-3556			Mailing Address 130 SOUTH MAIN STREET WINTER GARDEN, FL 34787-3556		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIGOZZI, WILLIAM D 130 SOUTH MAIN STREET WINTER GARDEN, FL 34787-3556				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	William D. Pigozzi	
STREET ADDRESS			STREET ADDRESS	130 South Main Street	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Garden, Florida 34787	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Unpaid #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Date	
STREET ADDRESS			STREET ADDRESS	Payee Record #	290
CITY-ST-ZIP			CITY-ST-ZIP	Job Record #	-
TITLE		<input type="checkbox"/> Delete	TITLE	Cost Category	75
NAME			NAME	General Ledger #	7050
STREET ADDRESS			STREET ADDRESS	Payment Record #	50
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not conflict with 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: 			Date: 4/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 407-877-7070		