

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000065162

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** THE PALMS AT DELRAY BEACH, LLC

**Current Principal Place of Business:**

119 NE 7TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

119 NE 7TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GED, MARIUS J ESQ  
7171 NORTH FEDERAL HWY  
BOCA RATON, FL 33487    US

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

DIMUSTO, ALEXANDER J  
119 NE 7TH AVENUE  
BOCA RATON, FL 33483    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: ALEXANDER DIMUSTO

01/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      ALEXANDER, DIMUSTO  
Address:                      119 NE 7TH AVENUE # 10  
City-St-Zip:                      DELRAY BEACH, FL 33483

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: ALEXANDER DIMUSTO

MR

01/23/2007

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