
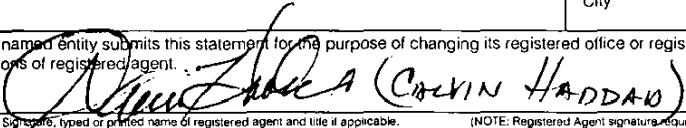
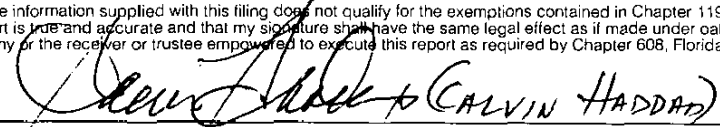


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90146 015 ****55.00

DOCUMENT # L06000071819 1. Entity Name PALMS 5, LLC					
Principal Place of Business 55 N.E. FIFTH AVENUE SUITE 401 BOCA RATON, FL 33432			Mailing Address 55 N.E. FIFTH AVENUE SUITE 401 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-5301442 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDAD, CALVIN 55 N.E. FIFTH AVENUE SUITE 401 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%; text-align: right;"> 1/24/07 <small>DATE</small> </div> </div> <div style="text-align: center; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HADDAD, CALVIN 55 N.E. FIFTH AVENUE, SUITE 401 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%;"> 1/24/07 <small>Date</small> </div> <div style="width: 35%;"> (561) 447-0515 <small>Daytime Phone #</small> </div> </div>					