


**FILED**  
**Aug 14, 2007 8:00 am**  
**Secretary of State**

08-14-2007 90026 033 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000095088</b>			
1. Entity Name <b>ROYAL PALMS CONSTRUCTION, LLC</b>			
Principal Place of Business <b>13131 56 CT. SUITE 303 CLEARWATER, FL 33760</b>		Mailing Address <b>13131 56 CT. SUITE 303 CLEARWATER, FL 33760</b>	
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
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CALLAHAN, MICHAEL R 1385 RIBOLLA DRIVE PALM HARBOR, FL 34683</b>		Name Street Address (P.O. Box Number if Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature: Type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>Filing Fee is \$50.00 Due by September 14, 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	<b>MGRM CALLAHAN, MICHAEL R 1385 RIBOLLA DRIVE PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COGAR, CECIL 422 A COKEBURY RD. ANNANDALE, NJ 08801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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
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
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
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 recorder or judge empowered in execution of this report as required by Chapter 908, Florida Statutes. <b>727-572-6644</b>			
SIGNATURE: <i>[Signature]</i>		Date: <b>Aug 1, 2007</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

40129165



07232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5741584** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Check # 1025