


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

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | |
|---|--|---|---|
| DOCUMENT # L06000095088 | |  | |
| 1. Entity Name ROYAL PALMS CONSTRUCTION, LLC | | | |
| Principal Place of Business 13131 56 CT. SUITE 303 CLEARWATER, FL 33760 | | Mailing Address 13131 56 CT. SUITE 303 CLEARWATER, FL 33760 | |
| 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"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CALLAHAN, MICHAEL R 1385 RIBOLLA DRIVE PALM HARBOR, FL 34683 | | Name Street Address (P.O. Box Number if Not Acceptable) City FL 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> | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CALLAHAN, MICHAEL R 1385 RIBOLLA DRIVE PALM HARBOR, FL 34683 <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 | MGRM COGAR, CECIL 422 A COKEBURY RD. ANNANDALE, NJ 08801 <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 |
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| 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. 727-572-6644 | | | |
| SIGNATURE: <i>[Signature]</i> | | DATE: AUG 1, 2007 | |
| <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