


**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</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CALLAHAN, MICHAEL R 1385 RIBOLLA DRIVE PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number if Not Acceptable)		Street Address (P.O. Box Number if Not Acceptable)	
City		City	
FL		FL	
Zip Code		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
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 (1) 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