


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90081 025 ****50.00

DOCUMENT # L06000100066 1. Entity Name PALM RESIDENCES DEVELOPMENT, LLC	
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Principal Place of Business 11292 N.W. 65TH STREET DORAL, FL 33178	Mailing Address 11292 N.W. 65TH STREET DORAL, FL 33178
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60019126



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01052007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. SECONS STREET SUITE 2900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAV GROUP, LLC 11292 N.W. 65TH STREET DORAL, FL 33178 <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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Q.S. 51 2/6/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #