

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108637

Entity Name: PALM SHADOWS ONE, LLC

FILED  
Feb 13, 2007  
Secretary of State

**Current Principal Place of Business:**

7041 GRAND NATIONAL DR., SUITE 202  
ORLANDO, FL 32819

**New Principal Place of Business:**

7041 GRAND NATIONAL DR., SUITE 206  
ORLANDO, FL 32819

**Current Mailing Address:**

7041 GRAND NATIONAL DR., SUITE 202  
ORLANDO, FL 32819

**New Mailing Address:**

7041 GRAND NATIONAL DR., SUITE 206  
ORLANDO, FL 32819

FEI Number: 20-5984869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIKES, RONALD W ESQ.  
1000 EAST ROBINSON STREET, SUITE A  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: LOTWICK, GEORGE W  
Address: 7041 GRAND NATIONAL DRIVE SUITE 206  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE W. LOTWICK

MR.

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date