

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000786

Entity Name: PALM INVESTMENTS, L.C.

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

300 SOUTH COLLIER BLVD.
UNIT 502
MARCO ISLAND, FL 34145

New Principal Place of Business:

3721 RACHEL LANE
NAPLES, FL 34103

Current Mailing Address:

300 SOUTH COLLIER BLVD.
UNIT 502
MARCO ISLAND, FL 34145

New Mailing Address:

3721 RACHEL LANE
NAPLES, FL 34103

FEI Number: 65-0614003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSLER, GARY J
950 N COLLIER BLVD., SUITE 202
MARCO ISLAND, FL 34145 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: MGR () Delete
Name: MANCUSO, MARILYN
Address: 300 SOUTH COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR () Delete
Name: MANCUSO, JANICE
Address: 3721 RACHEL LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANCUSO, JANICE L
Address: 3721 RACHEL LANE
City-St-Zip: NAPLES, FL 34103

Title: MGR (X) Change () Addition
Name: MANCUSO, MARILYN
Address: 300 SOUTH COLLIER BLVD. #502
City-St-Zip: MARCO ISLAND, FL 34145

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: JANICE L. MANCUSO

MGR

01/18/2007

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