2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000473

FILED Jan 13, 2009 Secretary of State

Entity Name: THE PALM BUILDINGS LIMITED LIABILITY COMPANY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
441 PALM BOCA GRA	AVENUE ANDE, FL 339	21			
Current Mailing Address:			New Mailing Address:		
P.O. BOX [,] BOCA GR/	1406 ANDE, FL 339	21			
FEI Number:	65-0903029	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
441 PALM	NELSON A II AVENUE ANDE, FL 339	21 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () INGRAM, MICH. 421 PALM AVEI BOCA GRANDE	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () BROWNE, HEN 320 TARPON A' BOCA GRANDE	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () ITALIANO, NEL: 431 PARK AVEI BOCA GRANDE	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () ITALIANO, JEFI P.O. BOX 1842		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: NELSON A. ITALIANO II MGRM 01/13/2009