

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001111

Entity Name: 97 PALMS SOUTH, L.C.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0850302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLYNN, ROBERT A
3827 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445 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: MGRM () Delete
Name: MAXWELL, MATTHEW
Address: 7939 MANOR FOREST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33462 US

Title: MGRM () Delete
Name: TUFTS, PAUL
Address: 9357 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 S

Title: MGRM () Delete
Name: TUFTS, KATHY
Address: 9357 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Delete
Name: GLYNN, ROBERT
Address: 3827 WEST ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: MAXWELL, KATHERYN
Address: 7939 MANOR FOREST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33462 US

Title: MGRM () Delete
Name: BREADY, JEAN
Address: 1114 DOGWOOD DRIVE
City-St-Zip: REDDING, PA 19609 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GLYNN, ROBERT
Address: 3827 WEST ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A GLYNN

MGR

01/25/2007

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