2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L98000001111

Entity Name: 97 PALMS SOUTH, L.C.

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:	MGR	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 03/20/2009

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