


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 033 ****50.00

DOCUMENT # L99000002810	
1. Entity Name PALM ISLAND ENTERPRISES, LLC	

Principal Place of Business 8788 SOUTHWEST 8TH STREET MIAMI, FL 33174-3201	Mailing Address 8788 SW 8TH ST. MIAMI, FL 33174-3201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20060410



03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0918993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SERGIO A. PAGHERY, ESQ. 8788 SOUTHWEST 8TH STREET MIAMI, FL 33174-3201		Name COMPANY MANAGEMENT SERVICES, LLC	
		Street Address (P.O. Box Number is Not Acceptable) 8788 SW 8th Street	
		City Miami	
		FL Zip Code 33174-3201	

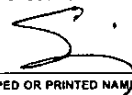

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	MANAGER 	DATE 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)		DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGHERY, SERGIO 8788 SOUTHWEST 8TH STREET MIAMI, FL 331743201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: 	MANAGER 	DATE 3/13/06	DAYTIME PHONE # (305) 455-1287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #