2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 23, 2004 8:00 am Secretary of State DOCUMENT # L99000008078 1. Entity Name 08-23-2004 90152 038 ****50.00 PALM INDIAN, LLC Principal Place of Business Mailing Address PO BOX 670 FT. PIERCE FL 34954 2000 NORTH KINGS HIGHWAY FT. PIERCE FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (4/04) MOORE Applied For City & State · City & State 4. FEI Number 65-0991542 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINTON, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 1903 SOUTH 25TH ST., SUITE 200 FT. PIERCE FL 34947 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By September 8, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGR Delete ☐ Change Addition TITLE TITLE TRIPLE M INVESTMENT COMPANY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 670 CITY-ST-ZIP FT. PIERCE FL 34954 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIΠF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

JOHN L. MINTON, PRESIDENT

TRIPLE M INVESTMENT CO., MGR. **SIGNATURE:** PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED