2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L9900008078 1. Entity Name PALM INDIAN, LLC							Jan 28, 2005 08:00 AM Secretary of State				
Principal Plac	e of Busines	s .	-	Mailing Address		-	}				
2000 NORTH KINGS HIGHWAY FT. PIERCE FL				PO BOX 670 FT. PIERCE FL 34954			<u> </u> 				
2. Principal F	Place of Busin	ness	1 3	. Mailing Address							
Suite, Apt #, etc.				Suite, Apt. #, etc.		! !!	######################################			ee i (1) (4)	
City & State				City & State			4. FEI Num	1st MOORE 	CH2E08	3 (10/04)	 plied For
Zip Country				Žip	itry	[65-099154	_	1 — 	t Applicat	
·	6. Name and Address of Curren		ent Beo	Registered Agent		<u>, </u>	<u> </u>	te of Status Desired	Genistered	Fee Required	
			ent rieg	latered Agent		Name	7. Italie al	iu Address of New 1	ie Šierera r	ngen.	
MINTON, MICHAEL D 1903 SOUTH 25TH ST., SUITE 20 FT. PIERCE FL 34947				Ю		Street Address (P.O. Box Num	iber is Not Acceptab	e)		
fl.	PIERCE F	L 34947						- -			
8. The above	named entit	v submits this stateme	nt for the	purpose of changing its	register	City ed office or register	ed agent, or b	ooth, in the State of F	FL orida. Lam	Zip Code	
the obligat	tions of regis			, ,,	G	<u>.</u>					
SIGNATURE	Signature, typed	or printed name of registered a	gorl and h	te if applicable (NOTE	E Registere	d Agent signature required	when reinstating)		DATE		
				Make Check Payabl	le to Fl	FEE IS \$50.00 orida Departmei ay 1, 2005	nt of State				
9. MANAGING MEMBERS/MANAGERS					10.			ADDITIONS	CHANGES	3	
NAME STREET ADDRESS CITY - ST-ZIP	PO BOX 6	INVESTMENT COMP 70 E FL 34954	PANY	☐ Delete		i				☐ Change	Addiii
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		U0000020 01/29/05-8	02571 0109-01	□ Change 2 50.00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	HITH NAM STRE	F			<u> </u>	☐ Change	☐ A###
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, "		☐ Delete						☐ Change	
THEE NAME STREET ADDRESS CHY-SI-ZIP				☐ Delete		ì				☐ Chang é	A.i.iiili
NAME STREET ADDRESS CITY-ST_ZIP				☐ Delete					_	☐ Change	Annii
indicated	t on this repo	rt is true and accurate	and that	s filing does not qualify for my signature shall have apowered to execute this	the same	e legal effect as if m	nade under oa	ith, that I am a mana	I further cer ging memb	tify that the in er or manage	formation r of the

John L. Minton, President

Triple M Investment Co., MGR

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Dat

FILED