
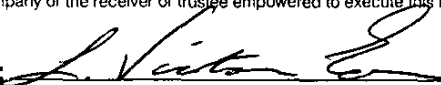


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90093 002 ****55.00

DOCUMENT # M01000000326			
1. Entity Name PALM TREE INVESTMENTS, LLC			
Principal Place of Business 4450 SOUTHWINDS II DRIVE DESTIN, FL 32541		Mailing Address P.O. BOX 490 BENTONVILLE, AR 72712	
2. Principal Place of Business #174 MARKET ST. INN Rd.		3. Mailing Address PO Box 490	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DESTIN, FL		City & State BENTONVILLE, AR	
Zip 32550	Country USA	Zip 72712	Country USA
6. Name and Address of Current Registered Agent EVANS, VICTOR 4450 SOUTHWINDS II DRIVE DESTIN, FL 32541		7. Name and Address of New Registered Agent Name VICTOR EVANS Street Address (P.O. Box Number is Not Acceptable) #174 MARKET ST. INN Rd. City DESTIN FL Zip Code 32550	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee Is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, VICTOR 4450 SOUTHWINDS II DR. DESTIN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, VICTOR #174 MARKET ST INN Rd. DESTIN, FL 32550 <input checked="" 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
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 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.			
SIGNATURE: 		Date: 8-22-05 479 - 254-8734	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	