2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0100000920

1. Entity Name

TAUBMAN PALM BEACH LLC



Principal Place of Business Mailing Address

200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304

200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304 FILED
May 01, 2007 08:00 AM
Secretary of State



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03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied be Solution of Special S

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	ve named entity submits this statement for the purpose of chang ations of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida	I am familiar with, and accep	t
SIGNATUR	Sur invito, typed or ponted name of registered agent and title if applicable	(NOTE: Registered Agent signature required when roinstaking)		DATE	

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAMI STRELT ADDRESS CUY-SU ZIP	MGRM THE TAUBMAN REALTY GROUP LIMITED PARTNERS 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304				
NAME SIPEEL ADDRESS CITY-ST JIP					
TITLE NAME STREET ADDRESS CRY-SE-ZIP					
HILE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					
TILLE NAME STREET ADDRESS CHY-ST-ZIP					

U00000751198 05/18/07-80094-007 50.00

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11. Energy 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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Leasy	-Amris B. Hearby	Authorized Signatory	4/30/0 248-2	258-680
SIGNATURE AND TYPED OR PRINTE	ED NAME OF SIGNING MANAGING MANEER, OR AUT	ORIZED REPRESENTATIVE	Date	Davima Phone #	