M01000001655

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001655

1. Entity Name

S.E. Residential Palms LLC

FILED
04 JUN 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
950 Third Avenue	950 Third Avenue
Suite, Apt #, etc.: 18th Floor	Suite, Apt #, etc.: 18th Floor
City & State: New York, New York	City & State: New York, New York
Zip: 10022 Country: USA	Zip: 10022 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-4181524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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, type or printed name of registered agent and title if applicable) DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1.

MANAGING MEMBERS/MANAGERS

TITLE: MGRM NAME: The Praedium Performance Fund IV, L.P. STREET ADDRESS: 950 Third Avenue, 18th Floor CITY-ST-ZIP: New York, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	X 200038444852
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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: _____ 6/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

M01000001655

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783730 4348715

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : June 29, 2004

ORDER TIME : 3:48 PM

ORDER NO. : 783730-005

CUSTOMER NO: 4348715

CUSTOMER: Ms. Linda A. Williams
Law Offices Of Wayne M.
295 Madison Avenue
38th Floor
New York, NY 10017-6304

6/29 BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: S.E. RESIDENTIAL PALMS LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____