2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000658

Entity Name

PALM PLAZA PARTNERS, L.L.C.



Principal Place of Business

303 E MAIN STREET

SUITE 201 BARRINGTON, IL 60010 Mailing Address

303 E MAIN STREET

SUITE 201

BARRINGTON, IL 60010

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90049 041 ****50.00

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01042007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied For                       |
|----------------------------------|-----------------------------------|
| 03-0505634                       | <br>Not Applicable                |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131

# DO NOT WRITE IN THIS SPACE

|                                                                                                                                                            | •                                                                                        | i                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                            | named entity submits this statement for the purpose of changin ions of registered agent. | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                                                                                          |                                                                                                               |
| Fi<br>De                                                                                                                                                   | iling Fee is \$50.00<br>ue by May 1, 2007                                                |                                                                                                               |
| 9.                                                                                                                                                         | MANAGING MEMBERS/MANAGERS                                                                |                                                                                                               |
| TITLE                                                                                                                                                      | MGR                                                                                      |                                                                                                               |
| NAME                                                                                                                                                       | GK DEVELOPMENT, INC.                                                                     |                                                                                                               |
| STREET ADDRESS                                                                                                                                             | 303 E MAIN STREET, SUITE 201                                                             |                                                                                                               |
| CITY-ST-ZIP                                                                                                                                                | BARRINGTON, IL 60010                                                                     |                                                                                                               |
| TITLE                                                                                                                                                      |                                                                                          |                                                                                                               |
| NAME<br>STREET ADDRESS                                                                                                                                     |                                                                                          |                                                                                                               |
| STREET ADDRESS  <br>CITY-ST-ZIP                                                                                                                            |                                                                                          |                                                                                                               |
| TITLE                                                                                                                                                      |                                                                                          |                                                                                                               |
| NAME                                                                                                                                                       |                                                                                          |                                                                                                               |
| STREET ADDRESS                                                                                                                                             |                                                                                          | DO MOT WOLTE                                                                                                  |
| CITY-ST-ZIP                                                                                                                                                |                                                                                          | DO NOT WRITE                                                                                                  |
| TITLE                                                                                                                                                      | • • • • • • • • • • • • • • • • • • •                                                    | IN THIS COACE                                                                                                 |
| NAME                                                                                                                                                       |                                                                                          | IN THIS SPACE                                                                                                 |
| STREET ADDRESS                                                                                                                                             |                                                                                          |                                                                                                               |
| CITY-ST-ZIP                                                                                                                                                |                                                                                          |                                                                                                               |
| TITLE                                                                                                                                                      |                                                                                          |                                                                                                               |
| NAME                                                                                                                                                       |                                                                                          |                                                                                                               |
| STREET ADDRESS                                                                                                                                             |                                                                                          |                                                                                                               |
| CITY-ST-ZIP                                                                                                                                                |                                                                                          |                                                                                                               |
| TITLE                                                                                                                                                      |                                                                                          |                                                                                                               |
| NAME                                                                                                                                                       |                                                                                          |                                                                                                               |
| STREET ADDRESS                                                                                                                                             |                                                                                          |                                                                                                               |

11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company or the receiver trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-23-0

847-277-2016

Daytime Phone #