


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 026 ****50.00

DOCUMENT # M03000004111

1. Entity Name
AG PALM CROSSING 15, LLC



Principal Place of Business
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**

Mailing Address
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**



2. Principal Place of Business <i>1400 NW 107 Avenue</i>	3. Mailing Address <i>1400 NW 107 Avenue</i>
Suite, Apt. #, etc. <i>4th Floor</i>	Suite, Apt. #, etc. <i>4th Floor</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33172</i>	Country <i>USA</i>

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNA DE GROOTE TRUST 1519 INDIANA AVENUE SOUTH PASADENA, CA 91030	<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: *Anna De Groote* **Anna De Groote, Trustee** *4/19/05 (818) 216 2141*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #