2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000004249

1. Entity Name
PALM COURT PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
1765 ELM DRIVE TROY, MI 48098	PO BOX 99127 TROY, MI 48099

DO NOT WRITE IN THIS SPACE

01142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 30-0223505	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRAUSE, CAROLINE
STREET ADDRESS	PO BOX 99127
CITY-ST-ZIP	TROY, MI 48099
TITLE	MGR
NAME	IAFRATE, MARC
STREET ADDRESS	PO BOX 99127
CITY-ST-ZIP	TROY, MI 48099
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Caroline Krause_   _Caroline Krause_   1/14/05

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