


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90050 015 \*\*\*\*50.00

<b>DOCUMENT # M03000004249</b> 1. Entity Name PALM COURT PROPERTIES, L.L.C.					
Principal Place of Business 1765 ELM DRIVE TROY, MI 48098			Mailing Address PO BOX 99127 TROY, MI 48099		
2. Principal Place of Business		3. Mailing Address 8374 Market Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 513			
City & State		City & State Bradenton, FL			
Zip	Country	Zip 34202	Country	01152006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  KRAUSE-IAFRATE, CAROLINE 8374 MARKET STREET, #513 BRADENTON, FL 34202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE, CAROLINE PO BOX 99127 TROY, MI 48099		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8374 Market Street #513 Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IAFRATE, MARC PO BOX 99127 TROY, MI 48099		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8374 Market Street #513 Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
11. I hereby 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 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: <u>Caroline Krause Iafate</u> <u>Caroline Krause Iafate</u> <u>1/20/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					