

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90183 045 ****50.00

DOCUMENT # M04000002151

1. Entity Name
PALM LLC



Principal Place of Business
**7506 ALOMA AVE
WINTER PARK, FL 32792**

Mailing Address
**7506 ALOMA AVE
WINTER PARK, FL 32792**

20040100



05252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1052431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASTERMACK, ROBERT
7506 ALOMA AVE
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PASTERMACK, ROBERT
STREET ADDRESS	7506 ALOMA AVE
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	MGRM
NAME	AYES, IRWIN
STREET ADDRESS	12001 94TH STREET N
CITY - ST - ZIP	LARGO, FL 33773
TITLE	MGRM
NAME	LOWY, BOB
STREET ADDRESS	6323 THOMAS DR. 601
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32408
TITLE	MGRM
NAME	MCNAUGHTON, BOB
STREET ADDRESS	1505 YORKTOWN DRIVE
CITY - ST - ZIP	LAWRENCEVILLE, GA 30043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #