

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002954

Entity Name: 29 PALMS LLC

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

7214 HILLCREST ROAD
NEW IBERIA, LA 70560

New Principal Place of Business:

1304 MOON COURT
PANAMA CITY, FL 32409

Current Mailing Address:

7214 HILLCREST ROAD
NEW IBERIA, LA 70560

New Mailing Address:

1304 MOON COURT
PANAMA CITY, FL 32409

FEI Number: 75-3085036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JEFFRY A
2726 KINGS ROAD
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

WHITE, JEFFRY A
1304 MOON COURT
PANAMA CITY, FL 32409 US

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.

SIGNATURE: MARIA WHITE R.N.

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITE, JEFFRY A
Address: 7214 HILLCREST ROAD
City-St-Zip: NEW IBERIA, LA 70560

Title: MGR () Delete
Name: WHITE, MARIA C
Address: 7214 HILLCREST ROAD
City-St-Zip: NEW IBERIA, LA 70560

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, JEFFRY A
Address: 1304 MOON COURT
City-St-Zip: PANAMA CITY, FL 32409

Title: MGR (X) Change () Addition
Name: WHITE, MARIA C
Address: 1304 MOON COURT
City-St-Zip: PANAMA CITY, FL 32409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA WHITE R.N.

MGR

04/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date