

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000546

**FILED**  
**Jul 13, 2007**  
**Secretary of State**

**Entity Name:** ROYAL PALM HOTEL PROPERTY, LLC

**Current Principal Place of Business:**

1545 COLLINS AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1545 COLLINS AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-2194771      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAPITAL CORPORATE SERVICES, INC  
155 OFFICE PLAZA DR,  
SUITE A  
TALLAHASSEE, FL 32301 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:** DELANIE CASE, ASST SEC

07/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** ROYAL PALM SENIOR IN, VESTORS, LLC  
**Address:** 8609 W. BRYN MAWR AVE, STE 209  
**City-St-Zip:** CHICAGO, IL 60631

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** ROYAL PALM SENIOR IN, VESTORS, LLC  
**Address:** 1545 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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:** WILLIAM CYGNOR

DOF

07/13/2007

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