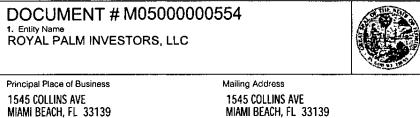
## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

FILED Jan 14, 2008 08:00 AM Secretary of State



## 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2194779 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPITAL CORPORATE SERVICES DO NOT WRITE 155 OFFICE PLAZA DR SUITE A IN THIS SPACE TALLAHASSEE, FL 32301 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 6330 700 U00000781807 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME ROYAL PALM MANAGER, LLC STREET ADDRESS 1545 COLLINS AVE MIAMI BEACH, FL 33139 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS - DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

S	IGN	IATI	UR	E:	

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

1-11-2008

<u>7865460107</u>