2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000004209

1. Entity Name
ATMF ROYAL PALMS MANAGER LLC

Principal Place of Business	Mailing Address
6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 48301-3143	6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 48301-3143

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
38-3660195	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 May 1, 2006

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	GORGE, MICHAEL D
STREET ADDRESS	6735 TELEGRAPH ROAD, SUITE 110
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483013143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/12/06-80043-004 50.00

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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: _____   manager   1/9/6   248 540 7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #