

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029343

FILED
Sep 08, 2004
Secretary of State

Entity Name: PALMIRA DEVELOPMENT, LLC

Current Principal Place of Business:

8065 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

8065 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 51-0435513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRANDE, ADOLFO
8065 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SKRANDE, ADOLFO
Address: 8065 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR () Delete
Name: SKRANDE, SUSANA
Address: 8065 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BLANCO, MANUEL
Address: 11015 S.W. 69 AVENUE
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Change (X) Addition
Name: DOLF, INC.
Address: 8065 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM () Change (X) Addition
Name: ALERICO CONSTRUCTION, COMPANY
Address: 11015 S.W. 69 AVENUE
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADOLFO SKRANDE

MGR

09/08/2004

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