

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029343

FILED  
Mar 14, 2006  
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 US

**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/MANAGERS:**

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

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

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: ADOLFO SKRANDE

MGR

03/14/2006

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