2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 06, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam JT PALM				05-06-2008 9	0004 03	7 ***138	3.75			
Principal Place of Business Mailing Address										
C/O CAPITAL REALTY ADV, INC. 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33403 US C/O CAPITAL REALTY ADV, INC. 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33403 US PALM BEACH GARDENS, FL 33403				JS	1 1 1 1 	ii 88(ii 878 88 89 88 8	:1 2 FE FA	<u> </u>		
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02132008	Chg-LLC	CR2E08	3 (12/06)		
City & Stat	9	City & State			4. FEI Number Applied For 20-0964049 Not Applicable					
Zip -	Country	Zip	Country		5. Certificate of Status Desired Status Desired See Required					
6. Name and Address of Current Registered Agent					7. Name and	d Address of New Reg	stered Ag	ent		
				Name						
MCDONALD, DONNA C/O CAPITAL REALTY ADV, INC.				Street Address (P.O. Box Number is Not Acceptable)						
600 SANDTREE DR STE 109										
	ACH GARDENS, FL 33403									
k	•		City				FL	Zip Code)	
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										
	signature, typed or printed name or registered agent ar	nue tednited	when reinstating)		UATE					
FILE	NOW!!! FEE IS \$138.75				Make check payable to					
After May	1, 2008 Fee will be \$538.75					Florida i	Departmei	nt of State	,	
9.	MANAGING MEMBER	DE IMANACE DE	10.			ADDITIONS/C	HANCES			
TITLE	MGRM	Delete	TITLE	T		ADDITIONS/C		Change	Addition	
NAME	MITOLA, ANTHONY	m peidre	NAME				,	Aj onenge		
STREET ADDRESS	1 JULIANS WAY		STREET ADDRESS	21	wind;	ng Brook D	~			
CITY-ST-ZIP	SARATOGA SPRINGS, NY 12866			Sar	atoga_	Springs N	DY 10) 866		
TITLE	MGRM	TITLE		9	9.		Change	☐ Addition		
NAME	MITOLA, JOAN			h	م نائحہ زو ما	a Brook De	•			
I			STREET ADDRESS CITY-ST-ZIP	ر احر	4-	Springs, No Springs, No Ly Brook Dr Ly Springs	111	ıà	ब नुष	
			Ulit-Si-Zir	1-274	a rega	c springs	$\frac{1}{1}$	☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			-	'	Change	☐ Yuusivii	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	Ť				Change	Addition	

11. I hereby certify that the information supplied with this filling 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.

NAME

TITLE NAME

TITLE

NAME

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WACA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Change

Addition

■ Addition