

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000618

Entity Name: PALMLOR, L.C.

FILED  
Jul 27, 2008  
Secretary of State

**Current Principal Place of Business:**

2870 S. OCEAN BLVD.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

2870 S. OCEAN BLVD.  
PALM BEACH, FL 33480

**New Mailing Address:**

1633 KERSLEY CIRCLE  
LAKE MARY, FL 32746

FEI Number: 59-3276821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAERENKLAU, ALAN  
2870 S. OCEAN BLVD.  
PALM BEACH, FL 33480      US

**Name and Address of New Registered Agent:**

BAERENKLAU, ALAN H  
1633 KERSLEY CIRCLE  
LAKE MARY, FL 32746      US

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: ALAN H. BAERENKLAU

07/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BAERENKLAU, ALAN  
Address: 2870 S. OCEAN BLVD.  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BAERENKLAU, ALAN  
Address: 1633 KERSLEY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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: ALAN H. BAERENKLAU

MMBR

07/27/2008

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