

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90300 024 \*\*\*\*50.00

<b>DOCUMENT # L05000099163</b> 1. Entity Name <b>PALMER &amp; SLACK DESIGN LLC</b>					
Principal Place of Business <b>3907 WEST MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 US</b>			Mailing Address <b>3907 WEST MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
02092007    Chg-LLC    CR2E083 (12/06)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">20-4454140</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SLACK, JACKIE 9664 DEER VALLEY DRIVE TALLAHASSEE, FL 32312</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PALMER, TERRA 3907 WEST MILLERS BRIDGE RD. TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SLACK, JACKIE 9664 DEER VALLEY DRIVE TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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 606, Florida Statutes.					
SIGNATURE:			2/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date                      Daytime Phone #		

*Ch# 1031 attached*