



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000018245 1. Entity Name PALMONA LLC |  |
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| Principal Place of Business 2705 MICHIGAN AVE. FT. MYERS, FL 33916 | Mailing Address P.O. BOX 3313 NORTH FT. MYERS, FL 33918 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC CR2E083 (12/07)

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-3976906 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ANGERS, KENNETH L
2705 MICHIGAN AVE.
FT. MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANGERS, KENNETH L PO BOX 3313 N. FT. MYERS, FL 33916 |
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100000734149
01/25/08-80037-019 138.75

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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/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kenneth L Angers 1/15/08 239 340-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #