


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90050 034 \*\*\*138.75

DOCUMENT # L03000003062	
1. Entity Name PALMETTO CENTER, L.L.C.	

Principal Place of Business 16311 NW 52 AVENUE MIAMI, FL 33014 US	Mailing Address 16311 NW 52 AVENUE MIAMI, FL 33014 US
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50008517

2. Principal Place of Business - No P.O. Box # 1150 E. Hallandale Beach Blvd Suite, Apt. #, etc. Suite B City & State Hallandale Beach, FL Zip 33009 Country US	3. Mailing Address 1150 E. Hallandale Beach Blvd Suite, Apt. #, etc. Suite B City & State Hallandale Beach, FL Zip 33009 Country US
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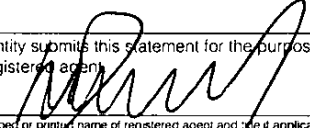


07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number/ 02-0676410	Applied For Not Applicable
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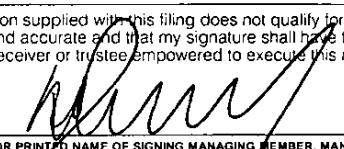
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DORNOVSCH, HARRY 16311 NW 32ND AVE MIAMI, FL 33014	7. Name and Address of New Registered Agent Name Dornbusch, Harry Street Address (P.O. Box Number is Not Acceptable) 1150 E. Hallandale Beach Blvd. Suite B City Hallandale Beach FL Zip Code 33009
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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 fee if applicable	DATE 7/15/08 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR H&M DEVELOPEMNT L.L.C. 16311 NW 52 AVENUE MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1150 E. Hallandale Beach Blvd. Suite B Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 7/15/08 954-456-8210 Date Daytime Phone #