

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:10

DOCUMENT # L00000000633

1. Entity Name
PALM GARDENS PROPERTIES, LLC



Principal Place of Business
3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410

Mailing Address
3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, MARGARET B
3399 PGA BLVD., SUITE 260
PALM BEACH GARDENS, FL 33410

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	TWENTY FIFTH PALM BEACH, LLC
STREET ADDRESS	3399 PGA BLVD., STE. 260
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	LEWISTON INVESTMENT COMPANY
STREET ADDRESS	67 LEWISTON RD.
CITY - ST - ZIP	GROSSE POINTE FARMS, MI 48236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: *Margaret Shaffer*

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

04.15.08

Date

Daytime Phone #