

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006514

FILED
Feb 05, 2008
Secretary of State

Entity Name: THE PALLADIUM GROUP, LLC

Current Principal Place of Business:

500 SOUTH AUSTRALIAN AVENUE
SUITE 110
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

500 SOUTH AUSTRALIAN AVENUE
SUITE 110
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1013124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD T ESQ
800 N. OLIVE AVE.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIS, RICHARD T
Address: 800 N. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: GIST, WILLIAM T
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: OSTASZEWSKI, HENRY
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTNR () Delete
Name: TYSON, JEFFREY T
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTNR (X) Delete
Name: PROVOST, ROBERT L
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTNR () Delete
Name: MCCUTCHEON, CHARLES
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PROVOST, ROBERT
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTNR (X) Change () Addition
Name: OSTASZEWSKI, HENRY
Address: 500 SOUTH AUSTRALIAN AVENUE STE 110
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT PROVOST

VP

02/05/2008

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