2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L01000021119

Entity Name: PALM COVE MARINA II LLC

Current Principal Place of Business:

250 GIBRALTAR RD
HORSHAM, PA 19044

New Principal Place of Business:

Current Mailing Address:

250 GIBRALTAR ROAD
HORSHAM, PA 19044

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: RICHEY, DAVID
Address: 250 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

Title: MGR ( ) Delete
Name: LASKOWITZ, MITCHELL
Address: 250 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

Title: MGR ( ) Delete
Name: LARKIN, DAVID A
Address: 250 GIBRALTAR RD
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RICHEY, DAVID H
Address: 250 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

Title: MGR (X) Change ( ) Addition
Name: LASKOWITZ, MITCHELL P
Address: 250 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

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: DAVID A. LARKIN MGR 03/10/2008

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