


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 006 \*\*\*\*50.00

<b>DOCUMENT # L02000003370</b>	
1. Entity Name <b>PALM COAST LAND DEVELOPMENT, LLC</b>	

Principal Place of Business <b>3 PINE CONE DRIVE, #108 PALM COAST, FL 32137</b>	Mailing Address <b>3 PINE CONE DRIVE, #108 PALM COAST, FL 32137</b>
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2. Principal Place of Business <b>7 BOULDER ROCK DR.</b>	3. Mailing Address <b>7 BOULDER ROCK DR.</b>
Suite, Apt. #, etc. <b>SUITE 3</b>	Suite, Apt. #, etc. <b>SUITE 3</b>
City & State <b>PALM COAST, FL</b>	City & State <b>PALM COAST FL</b>
Zip <b>32137</b>	Country <b>U.S.</b>



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>80-0037419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RHEE, EUGENE Y 3 CEDAR COURT PALM COAST, FL 32137</b>	7. Name and Address of New Registered Agent Name <b>RHEE, EUGENE Y.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 BOULDER ROCK DR.</b> <b>SUITE 3</b> City <b>PALM COAST</b> <b>FL</b> Zip Code <b>32137</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHEE, EUGENE 3 PINE CONE DR #108 PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHEE, EUGENE 7 BOULDER ROCK DR. SUITE 3 PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOREJON, OSCAR 815 N NOVA RD DAYTONA BEACH, FL 32117 <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	MGRM MANNE, BRUCE 555 W GRANADA BLVD ORMOND BEACH, FL 32174 <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:**  **EUGENE RHEE** **2/23/06** **386-446-9050**

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

Date

Daytime Phone #