


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90016 050 \*\*\*\*50.00

<b>DOCUMENT # L02000006528</b> 1. Entity Name <b>PALMA SOLA BAY PARTNERS, L.L.C.</b>					
Principal Place of Business <b>328 SOUTH SHORE DR. SARASOTA FL 34234</b>			Mailing Address <b>328 SOUTH SHORE DR. SARASOTA FL 34234</b>		
2. Principal Place of Business <b>1401 Manatee Ave W</b>		3. Mailing Address <b>1401 Manatee Ave W</b>			
Suite, Apt. #, etc. <b>Ste 510</b>		Suite, Apt. #, etc. <b>Ste 510</b>			
City & State <b>Bradenton FL</b>		City & State <b>Bradenton FL</b>		4. FEI Number <b>02-0595626</b>	
Zip <b>34205</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARNEBEY, MARK P 1301 6TH AVE. WEST SUITE 401 BRADENTON FL 34205</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VINING, TIMOTHY 328 SOUTH SHORE DR. SARASOTA FL 34234</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VINING, TIMOTHY 1401 Manatee Ave W Ste 510 Bradenton FL 34205</b>	<input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____			Date <b>4-28-04</b> Daytime Phone # <b>(941) 708-9220</b>		