

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90416 020 ****50.00

DOCUMENT # L02000022681

1. Entity Name

PALERMO LENDER, LLC



Principal Place of Business

1543 PRESIDENTIAL WAY
NORTH MIAMI BEACH FL 33179

Mailing Address

1543 PRESIDENTIAL WAY
NORTH MIAMI BEACH FL 33179

24044431



MOORE CR2E083 (11/03)

2. Principal Place of Business

1930 Harrison Street

Suite, Apt. #, etc.

Suite 202

City & State

Hollywood

Zip

FL 33020

Country

USA

3. Mailing Address

1930 Harrison Street

Suite, Apt. #, etc.

Suite 202

City & State

Hollywood

Zip

FL 33020

Country

USA

4. FEI Number

14-1844919

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBURD, DANIEL A
1543 PRESIDENTIAL WAY
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name GAMBURD DANIEL

Street Address (P.O. Box Number is Not Acceptable)

1930 Harrison Street

Suite 202

City

Hollywood

FL

Zip Code

33020

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME M GAMBURD HOLDINGS, LLC
STREET ADDRESS 1543 PRESIDENTIAL WAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE MGRM
NAME DG INVESTMENTS UNLIMITED, LLC
STREET ADDRESS 1543 PRESIDENTIAL WAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

4-8-04