

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90031 019 ****50.00

20050232



DOCUMENT # L02000027543 1. Entity Name PALMA SOLA DEVELOPMENT INTERESTS, L.L.C.					
Principal Place of Business 1401 MANATEE AVE. W STE 510 BRADENTON, FL 34205 US			Mailing Address 1401 MANATEE AVE. W STE 510 BRADENTON, FL 34205 US		
2. Principal Place of Business 1401 Manatee Ave W Suite, Apt. #, etc. Suite 500 City & State Bradenton FL Zip 34205 Country USA		3. Mailing Address 1401 Manatee Ave W Suite, Apt. #, etc. Suite 500 City & State Bradenton FL Zip 34205 Country USA			
4. FEI Number 59-1015579			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BARNEBY, MARK ESQ 1301 6TH AVENUE WEST, SUITE 401 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VINING, C. TIMOTHY 1401 MANATEE AVE W STE 510 BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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.					
SIGNATURE:			4-26-05 (941) 708-9220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		