


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90031 021 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000027543</b>                             |  |
| 1. Entity Name<br>PALMA SOLA DEVELOPMENT INTERESTS, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1401 MANATEE AVE N<br>SUITE 500<br>BRADENTON, FL 34205 US | Mailing Address<br>1401 MANATEE AVE N<br>SUITE 500<br>BRADENTON, FL 34205 US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>1401 Manatee Ave West<br>Suite, Apt. #, etc.<br>Suite 500 | 3. Mailing Address<br>1401 Manatee Ave West<br>Suite, Apt. #, etc.<br>Suite 500 |
|---|---|

|                              |                              |
|------------------------------|------------------------------|
| City & State<br>Bradenton FL | City & State<br>Bradenton FL |
| Zip<br>34205                 | Country<br>USA               |
| Zip<br>34205                 | Country<br>USA               |

60041030



02272007 Chg-LLC CR2E083 (12/06)

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>BARNEBY, MARK ESQ<br>1301 6TH AVENUE WEST, SUITE 401<br>BRADENTON, FL 34205 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VINING, C. TIMOTHY<br>1401 MANATEE AVENUE WEST SUITE 500<br>BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Carolyn Mauro Controller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-07 (941) 708-9220 X309  
Date Daytime Phone #