2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000031491



1. Entity Name PALM BA	Y WAREHOUSE #2, L.L.	C.			03-2	17-2008 :	90089 00	<i>J</i> 14.	3.73	
Principal Place	of Business	Mailing Address			1	000-				
333-17TH ST STE 2E 333-17		333-17TH ST STE 2E VERO BEACH, FL 329	-			6001	7655			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112008 Chg-	Chg-LLC		3 (12/06)	(2/06)	
City & State)	City & State			4. FEI Number 59-2808764			-	plied For t Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate of Status	Desired		5.00 Add		
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address	of New Re	gistered Aç	ent		
			i	Name			•			
BRYN, MAI 2 SOUTH E MIAMI, FL	BISCAYNE BLVD., SUITE 2	2680		Street Address	s (P.O. Box Number is Not a	Acceptable)				
				City			FL	Zip Code	e	
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered a NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538		DTE: Registered	Agent signature requi	red when reinstating)		DATE check pa	yable to	9	
9.	MANAGING MEN	L MBERS/MANAGERS	10.		 At	DITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM NACRON, SYDONIA 10155 COLLINS AVENUE, AF BAL HARBOUR, FL 33154	☑ Delete	TITLE NAME STREE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGR NACRON, ROBERT 10521 SW 123RD ST MIAMI, FL 33176	☐ Delate						Change	Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	MGRM BRODZKI, JACOB 4719 ASTON GARDENS COI PARKLAND, FL 33076	☐ Delete JRT, APT 202						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	☐ Delete	CITY-	et address St-zip	ed in Chapter 110 Floride S	itatutes I fu		Change	Addition	

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

3-11-08

Date

Daytime Phone #

-		S
S Proposition of the	PONAN PARTNERSHIP 2824 PALM BEACH BLVD FORT MYERS, FL 33916	1240 63-215/631
	DATE 3/12/08	
STYLE XPP	PAY THE OF Florishy Deportment of Stell - \$ 138.	75
	achurchet the light 2 1/00 - DOLLARS	Security Features Details on Back.
Y	Money Market Account	
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNOAL	REPORT							
DOCU	MENT # L060000240	065	(Selly)						
1. Entity Name PONAN PARTNERS, LLC									
PONANT	PARTNERS, LLC								
			100	- TEST					
Principal Place of Business Mailing Addres 2069 WEST THIRD STREET 2069 WEST T			c .						
CLEVELAND;		2069 WEST THIRD STREET Cleveland, oh 44113 us							
	2721 23	24			 	11 11:11 1 :11:1 11 :11 1	EKK 88M 98M 118A 9M	IN REKE SKA: OI	1661 IN 1641
	Place of Business - No P.O. Box #	3. Mailing Address							
2824 Suite, Apt.	Palm Beach Blvd.	2824 Palm E Suite, Apt. #, etc.	Beach Bl						
		Conto, Apr. 11, Sto.		0	2252008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State		4.	FEI Numl 65-06			⊢	oplied For ot Applicable
Zip	Myers, FL. Country	Fort Myers,	FL .					\$5.00 Add	
339		33916	U.S.A.			e of Status Des	neo 🗀	Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7.	Name an	d Address of N	lew Registered	Qent	
	, GERALD ESQ					Brian A			
1	M BEACH BLVD ERS, FL 33916		Street A			ber is Not Acce Beach			
. 0111 1111	2.10,12 00010								
	$\mathcal{N}_{\mathcal{F}}$		City	Fort N	vers		FL	Zip Cod 339	16
	named ontity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered a	gent, or b	oth, in the State	of Florida. I am f	amiliar with,	and accept
_	dons diregistated agent.	1 Pari	an A M	idBride	ъ Ма	nager	-17/	17	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	an A. M Registered Agent signs	ture required when	reinstating)	mayer	DATE		
	NOW!!! FEE IS \$138,75	:					Make check p	avable to	
Arter may	y 1, 2008 Fee will be \$538.75					F	lorida Departm	-	•
9.	y 1, 2008 Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS	10.			<u> </u>	-	ent of State	8
9. TIFLE	MANAGING MEMBER	RS/MANAGERS	TITLE	MGR a		ADDIT	IONS/CHANGES	ent of State	Addition
9.	MANAGING MEMBER MGR MCBRIDE, BRIAN A			1	ide,	ADDIT	IONS/CHANGES	ent of State	
9. TIFLE NAME	MANAGING MEMBER		TITLE NAME	McBri 2824		ADDIT Brian	IONS/CHANGES	ent of State	
9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR MCBRIDE, BRIAN A 2069 WEST THIRD STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	McBri 2824		ADDIT Brian	ionida Departm ions/Changes A. Blvd.	ent of State	
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9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	MANAGING MEMBER MGR MCBRIDE, BRIAN A 2069 WEST THIRD STREET CLEVELAND OH 44113 certify that the information supplied with the on this report is true and accurate and the control of the	Delete Delete Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS	McBrj 2824 Fort	Myer	ADDIT Brian Beach Beach FL.	es I futher certific	Change Change Change	Addition Addition Addition Addition Addition
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