


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000033180 1. Entity Name LADY PALM, LLC	
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Principal Place of Business 4225 N COUNTY RD GULF STREAM, FL 33483 US	Mailing Address 4225 N COUNTY RD GULF STREAM, FL 33483 US
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0656835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LAVILLE, STEFANI A
 4225 N COUNTY RD
 GULF STREAM, FL 33483

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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 _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LAVILLE, STEFANI A 4225 N COUNTY RD GULF STREAM, FL 33483
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 07/14/08-80010-021 138.75

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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: Stefani A. De Laille, Pres. 7/14/08 561 274-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #