2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L03000011670

1. Entity Name

PALEN DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
18151 NE 31 COURT STE 1015 AVENTURA FL 33160	18151 NE 31 COURT STE 1015 AVENTURA FL 33160

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 84-2162325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUMBRE, JORGE H *18151 NE 31 STREET STE 1015* AVENTURA FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ______________________________ DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUMBRE, JORGE		NAME	U00000857144
STREET ADDRESS	18151 NE 31 COURT STE 1015		STREET ADDRESS	03/31/08-80002-018 138.75
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE SUMBRE, SUSANA B		NAME	
STREET ADDRESS	18151 NE 31 COURT STE 1015		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAJLIS, HORACIO D		NAME	
STREET ADDRESS	18151 NE 31 COURT STE 1015		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOLAJ, NORA S		NAME	
STREET ADDRESS	18151 NE 31 COURT STE 1015		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] SUSANA SUMBRE 03/10/08 3057925247

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