

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90211 027 ****50.00

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|---|---|--|--|--|--|
| DOCUMENT # L03000018058 | | | | | |
| 1. Entity Name PALANCA PROPERTIES, LLC | | | | | |
| Principal Place of Business 4301 NE 1 AVENUE 3 OAKLAND PARK, FL 33334 | | | Mailing Address 4301 NE 1 AVENUE 3 OAKLAND PARK, FL 33334 | | |
| 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 61-1449866 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RICHARD A. ARONSKY, P.A. 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 4301 NE 1ST TERRACE SUITE 3 City <u>Oakland Park</u> <u>FL</u> Zip Code <u>33334</u> | |
| 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 <u>MATTIA SPADA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <u>Mattia Spada</u> <small>(NOTE: Registered Agent signature required when registering)</small> | | <u>3/8/07</u> <small>DATE</small> | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZINKIL, EDWARD P JR 5079 N DIXIE HIGHWAY SUITE 252 OAKLAND PARK, FL 33334 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4301 NE 1ST TERRACE #3 OAKLAND PARK, FL 33334 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPADA, MATTIA 5079 N DIXIE HIGHWAY SUITE 252 OAKLAND PARK, FL 33334 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4301 NE 1ST TERRACE #3 OAKLAND PARK, FL 33334 | |
| 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 | |
| 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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| 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 recorder or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>Mattia Spada</u> | | <u>3/8/07</u> | | <u>954-449-1475</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |