


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019795</b>	
1. Entity Name <b>S AND S PALMER LAKE L.L.C.</b>	

Principal Place of Business <b>6129 S.W. 70TH STREET, 2ND FLOOR SOUTH MIAMI, FL 33143</b>	Mailing Address <b>6129 S.W. 70TH STREET, 2ND FLOOR SOUTH MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**



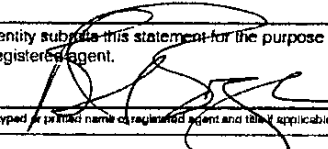
04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-1210668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SAGER, BERT 6129 S.W. 70TH STREET SOUTH MIAMI, FL 33413</b>
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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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>4-23-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

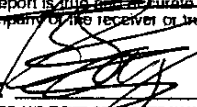
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOKOLOV, MARVIN L 15068 SOUTHWEST 16TH STREET PEMBROKE PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SAGER, BERT 6129 S.W. 70TH STREET, 2ND FLOOR SOUTH MIAMI, FL 33143</b>
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05/09/07-80119-012-50.00

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 808, Florida Statutes.

SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Daytime Phone #
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