

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025322

Entity Name: PALMA CEIA LIMO, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2202 N. WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2202 N. WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-0083467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KADOW, JOSEPH J
2202 N. WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SULLIVAN, CHRIS T
Address: 2202 N. WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: BASHAM, ROBERT D
Address: 2202 N. WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: ALLEY, TODD
Address: 701 E. WASHINGTON ST.
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT D. BASHAM MGRM 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date