2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000031083

THE PALMS AT MARSH LANDING, LLC



FILED Aug 29, 2007 08:00 AM Secretary of State

Principal Place of Business

NAME STREET ADDRESS CITY - ST- ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

C/O JULIAN LECRAW & COMPANY, INC. 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA, GA 30319

Mailing Address

C/O JULIAN LECRAW & COMPANY, INC. 1575 NORTHSIDE DRIVE, N.W., STE. 200 ATLANTA, GA 30319



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 08202007 No Chg-LLC

Applied For 4. FEI Number 20-0167122 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstaling)	DATE
Fil Due I	ling Fee Is \$50.00 by September 14, 2007 MANAGING MEMBERS/MANAGERS		·
	MGR MGR		
TITLE	1		
NAME	JLC SUNCOAST REALTY, LLC		\Box α
STREET ADDRESS	1575 NORTHSIDE DRIVE, N.W., SUITÉ 200		U00000772352
CITY-S1-ZIP	ATLANTA, GA 30319		08/29/07-80001-016 50.00
TOTAL			

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP

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: Muce Wetterinfor	8	w	107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone ≠