

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033053

1. Entity Name  
PALM STATE TITLE OF FLORIDA, LLC



Principal Place of Business  
725 PRIMERA BLVD., SUITE 230  
LAKE MARY, FL 32746

Mailing Address  
725 PRIMERA BLVD., SUITE 230  
LAKE MARY, FL 32746

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0740180	Applied For 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**

CARROLL, PATRICIA F  
725 PRIMERA BLVD., SUITE 230  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000789949  
01/23/08-80014-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ET INVESTMENTS, LLC 3033 SOUTH PARKER RD SUITE 110 AURORA, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

By: ET Investments, LLC, Manager

**SIGNATURE:** **303-752-6433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #