## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**SIGNATURE:** 

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

## Feb 03, 2005 8:00 am **Secretary of State** DOCUMENT # L03000036769 02-03-2005 90115 011 \*\*\*\*50.00 PALMETTO DEVELOPMENT GROUP, LLC Principal Place of Business Mailing Address 20007480 336 SOUTH SHORE DR. 336 SOUTH SHORE DR. SARASOTA, FL 34234 SARASOTA, FL 34234 CR2E083 (10/03) 01112005 No Chg-LLC 4. FEI Number Applied For 54-2126979 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, TIMOTHY J DO NOT WRITE 336 SOUTH SHORE DR. SARASOTA, FL 34234 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MORRIS, TIMOTHY J NAME 336 SOUTH SAORE DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP " TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the regeiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED