2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

DOCUMENT # L03000039261 1. Enlity Name LAND OF PALMETTO, L.L.C.							Sec	retary of S	State	
Principal Place of Business Mailing Address									•	
1101-9TH AV Bradenton			1101-9TH AVENUE WEST BRADENTON, FL 34205			I (Winishii mili	SDIDE (IVI DE)!! BBIN BYII	l berke ille lelle llete ellet l	1888! (1881	
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite. Apt #, etc.			02092004	Chg-LLC	CR2E083 (10/03)		
City & State	e		City & State			4. FEI Numbe	er 	ļ -	pplied For of Applicable	
Zip	Country		Zip Countr		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent			
CABANILLAS, DENISE 1101-9TH AVENUE WEST					Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34205										
					City FL Zip Code					
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, 2004								e check payable to Department of Sta	te	
9		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	1101-9TH	LAS, DENISE I AVENUE WEST	Delete					Change	Addition	
TITLE	MGR		☐ Delete	TITL	<u> </u>		Hānaa	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		W, LOYD H AVENUE EAST TON, FL 34203		NAM Stre City		02/12/04		0048728 -80092-006 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	CITY	EET ADDRESS - ST-ZIP			☐ Change	Addition	
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										