

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042950

FILED
Apr 01, 2007
Secretary of State

Entity Name: DISABATINO PALMER GROUP LLC

Current Principal Place of Business:

829 QUEEN'S HARBOUR BLVD.,
SUITE 3
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

829 QUEEN'S HARBOUR BLVD.,
JACKSONVILLE, FL 32225 US

Current Mailing Address:

829 QUEEN'S HARBOUR BLVD.,
SUITE 3
JACKSONVILLE, FL 32225 US

New Mailing Address:

829 QUEEN'S HARBOUR BLVD.,
JACKSONVILLE, FL 32225 US

FEI Number: 65-1212422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, GEORGE K
829 QUEEN'S HARBOUR BLVD.
SUITE 3
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

PALMER, GEORGE K
829 QUEEN'S HARBOUR BLVD.
JACKSONVILLE, FL 32225 US

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:

04/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISABATINO, DARALICE M
Address: 829 QUEEN'S HARBOUR BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: PALMER, GEORGE K
Address: 829 QUEEN'S HARBOUR BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

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 Chapter 119, 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: GEORGE K PALMER

MGRM

04/01/2007

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