

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005517

1. Entity Name  
PALIO RANCH, LLC



Principal Place of Business

432 S. BABCOCK STREET  
MELBOURNE, FL 32901

Mailing Address

432 S. BABCOCK STREET  
MELBOURNE, FL 32901

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**



03212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0653845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DEAN MEAD SERVICES LLC  
800 N. MAGNOLIA AVE.  
SUITE 1500  
ORLANDO, FL 32803

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U00000897234  
04/25/08-80039-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PEZZEMINTI, ALEXANDER  
STREET ADDRESS 432 S BABCOCK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGRM  
NAME PEZZEMINTI, JR, JERRY J  
STREET ADDRESS 432 S BABCOCK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGRM  
NAME LEICHTENBERG, ROBERT L  
STREET ADDRESS 432 S BABCOCK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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.

**SIGNATURE:** \_\_\_\_\_

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

3/21/08 321-722-5033

Date

Daytime Phone #