

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010251

Entity Name: PALMETTO GROVE, LLC

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

7980 SUMMERLIN LAKES DRIVE  
SUITE 201  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

7910 SUMMERLIN LAKES DRIVE  
FORT MYERS, FL 33907 US

## Current Mailing Address:

7980 SUMMERLIN LAKES DRIVE  
SUITE 201  
FORT MYERS, FL 33907 US

## New Mailing Address:

7910 SUMMERLIN LAKES DRIVE  
FORT MYERS, FL 33907 US

FEI Number: 43-2041279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMENAMY, JAMES B  
7980 SUMMERLIN LAKES DRIVE  
SUITE 201  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

MCMENAMY, JAMES B  
7910 SUMMERLIN LAKES DRIVE  
FORT MYERS, FL 33907 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:

02/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCMENAMY, JAMES B  
Address: 7980 SUMMERLIN LAKES DRIVE SUITE 201  
City-St-Zip: FORT MYERS, FL 33907 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCMENAMY, JAMES B  
Address: 7910 SUMMERLIN LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES B. MCMENAMY

MGRM

02/11/2009

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