

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030669

1. Entity Name
PALM PROPERTIES HOLDINGS, LLC



Principal Place of Business
**2724 N.E. 14TH STREET
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**9 JOANNA WAY
KINNELON, NJ 07405 US**



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0161593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHELDON, KAWUT
2427 NE 14TH STREET
FT. LAUDERDALE, FL 33304**

**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

U00000875294

04/11/08-80026-018-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

DECHANT, EDWARD

STREET ADDRESS

412 EAST SHORE TRAIL

CITY-ST-ZIP

SPARTA, NJ 07870

TITLE

MGRM

NAME

MANCINI, JAMES

STREET ADDRESS

9 JOANNA WAY

CITY-ST-ZIP

KINNELON, NJ 07405

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3-27-08

Date

973-492-1209

Daytime Phone #