


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90314 050 \*\*\*138.75

<b>DOCUMENT # L04000030989</b>			
1. Entity Name PALMEIRA VILLAS AT SEAGROVE BEACH, LLC			
Principal Place of Business 4640 DESTINY WAY DESTIN, FL 32541 US		Mailing Address 4640 DESTINY WAY DESTIN, FL 32541 US	
2. Principal Place of Business - No P.O. Box.# 170 Blooms Landing		3. Mailing Address 170 Blooms Landing	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Freeport FL		City & State Freeport FL	
Zip 32439	Country USA	Zip 32439	Country USA
6. Name and Address of Current Registered Agent  KIRBY, TIM 4640 DESTINY WAY DESTIN, FL 32541		7. Name and Address of New Registered Agent Name <u>Tim Kirby</u> Street Address (P.O. Box Number is Not Acceptable) <u>302 Corinthian Place</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32541</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, TIM 4640 DESTINY WAY DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Kirby, Tim 302 Corinthian Place Destin, FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, SCOTT 4640 DESTINY WAY DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Tim Kirby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/18/08</u> Daytime Phone # <u>850-880-6403</u>	

60025975



02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1042878

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required