

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90034 033 \*\*\*\*50.00

**DOCUMENT # L04000033562**

1. Entity Name  
PALACIO DEL MAR, LLC



Principal Place of Business Mailing Address  
2101 WEST PLATT STREET 403 N. 2101 W PLATT ST, STE 200 403 N. Howard Ave, STE 200  
SUITE 200 Howard Ave. TAMPA, FL 33606  
TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1076137

Applied For  
Not Applicable

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

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

KOEHLER, KEITH W  
KOEHLER & CO, PA  
502 N ARMENIA AVE  
TAMPA, FL 33609

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME LUM, JOHN 403 N. Howard Ave.  
STREET ADDRESS 2101 WEST PLATT STREET SUITE 200  
CITY- ST- ZIP TAMPA, FL 33606

TITLE MGR  
NAME GULUZIAN, ARAM 403 N. Howard Ave.  
STREET ADDRESS 2101 WEST PLATT STREET SUITE 200  
CITY- ST- ZIP TAMPA, FL 33606

TITLE  
NAME  
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CITY- ST- ZIP

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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

Date

Daytime Phone #

4/27/07 (813) 258-5478