08/28/2007 20:49 8502456986 DIV OF CORPO

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Secretary of State
09-06-2007 90037 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034598

1. Entity Name
PALMETTO HOME & LAND LLC

Principal Place of Business	Mailing Address
1380 HOMESTEAD RD. LEHIGH ACRES, FL 33936	1380 HOMESTEAD RD. LEHIGH ACRES, FL 33936

1380 Homestead

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~P.O. Box~~	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres FL	City & State: Lehigh Acres
Zip: 33936 Country: Lee	Zip: 33936 Country: Lee

08292007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 56-2457776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTI, STEVE 1726 ENGLEWOOD AVE LEHIGH ACRES, FL 33972	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Stephen Conti 8-30-07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTI, STEVE 1726 ENGLEWOOD AVE LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONTI, BARBARA 1726 ENGLEWOOD AVE LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COSGRAVE, THERESE 124 RITCH AVE. B-PH2 GREENWICH, CT 06830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Stephen Conti 8-30-07 239-851-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #