

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90074 044 \*\*\*143.75

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|---|---|--|---|---|--|
| <b>DOCUMENT # L04000045948</b>  |   |  |   |   |  |
| <b>1. Entity Name</b><br>PALM TREE VACATIONS, LLC   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583   |   |  | <b>Mailing Address</b><br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>9836 NE 29th St  |   | <b>3. Mailing Address</b><br>9836 NE 29th St                       |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| <b>City &amp; State</b><br>Bellevue, WA   |   | <b>City &amp; State</b><br>Bellevue, WA                            |   | <b>4. FEI Number</b><br>20-1091104  |  |
| <b>Zip</b><br>98004   |   | <b>Country</b><br>USA  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ESPINOSA, GERALDINE<br>4418 ROGERS STREET<br>TAMPA, FL 33611  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| <b>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.</b><br>SIGNATURE <u>Lisa C. Greene, managing member Palm Tree Vac LLC</u> DATE <u>2/10/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                     |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, CARL<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, LISA<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, LISA<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, LISA<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, LISA<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GREENE, LISA<br>2743 DERBY DRIVE<br>SAN RAMON, CA 94583 | <input type="checkbox"/> Delete                                    |   |   |  |
| <b>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.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b> <u>Lisa C. Greene, managing member Palm Tree Vac LLC</u> <u>425-502-7822</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |   |   |  |