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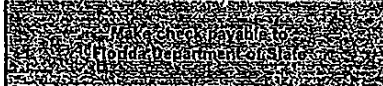
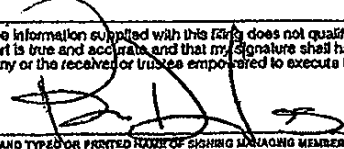
2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 FEB 15 A 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500088429945

DOCUMENT # L04000061005			
1. Entity Name SALAMANDER PALM BEACH, LLC			
Principal Place of Business 3074 ZULLA RD. THE PLAINS, VA 20198		Mailing Address 3074 ZULLA RD. THE PLAINS, VA 20198	
2. Principal Place of Business - No P.O. Box # 155 N. County Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Palm Beach, FL 33480 Zip 33480		City & State City State	
Country		Country	
4. FEI Number 20-1635675		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and fee if applicable.		DATE	
Amended AR is \$60.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Member SALAMANDER FARMS, L.L.C. 3074 ZULLA ROAD THE PLAINS, VA 20198 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Salamander Farms, L.L.C. Member ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Manager Prem A. Devadas 100 West Washington Street Middleburg, VA 20118 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-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: 		Prem A. Devadas, Manager 02/14/07 (540)687-3710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

2082



ACCOUNT NO. : 072100000032

REFERENCE : 760273 4312909

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 50.00

ORDER DATE : February 15, 2007

ORDER TIME : 9:12 AM

ORDER NO. : 760273-005

CUSTOMER NO: 4312909

**AMENDED **

ANNUAL REPORT FILING

NAME: SALAMANDER PALM BEACH, LLC

RECEIVED
07 FEB 15 AM 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina Dunlap ext 2951

EXAMINER'S INITIALS: _____