1 of 2

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 FEB 15 A 11: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500088429945

02142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000061005

1. Entity Name
SALAMANDER PALM BEACH, LLC

Principal Place of Business	Mailing Address
~~3074 ZULLA RD.~~ ~~THE PLAINS, VA 20198~~	3074 ZULLA RD. THE PLAINS, VA 20198

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
155 N. County Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, FL 33480	City & State
Zip: 33480 Country	Zip 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	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $60.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ Member SALAMANDER FARMS, L.L.C. 3074 ZULLA ROAD THE PLAINS, VA 20198	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salamander Farms, L.L.C. Member	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Prem A. Devadas 100 West Washington Street Middleburg, VA 20118	☐ 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
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: [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 #

2 of 2

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 760273 4312909

AUTHORIZATION :

COST LIMIT : $ 50.00

ORDER DATE : February 15, 2007

ORDER TIME : 9:12 AM

ORDER NO. : 760273-005

CUSTOMER NO: 4312909

RECEIVED
07 FEB 15 AM 10:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**AMENDED ** ANNUAL REPORT FILING

NAME: SALAMANDER PALM BEACH, LLC

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: _____