2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000069327

Entity Name: PALMETTO VALUE, LLC

Current Principal Place of Business:

1717 SECOND STREET, SUITE A
SARASOTA, FL 34236

New Principal Place of Business:

1717 SECOND STREET, SUITE D
SARASOTA, FL 34236

Current Mailing Address:

1717 SECOND STREET, SUITE A
SARASOTA, FL 34236

New Mailing Address:

1717 SECOND STREET, SUITE D
SARASOTA, FL 34236

FEI Number: 20-1654160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLT, ROBERT E
522 9TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D (X) Delete
Name: MALAMUD, NEIL N
Address: 1717 SECOND STREET STE A
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: SHENKIN, RONALD
Address: 1717 SECOND STREET STE D
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: BOLT, ROBERT
Address: 522 9TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD SHENKIN MGR 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date