

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000077426

1. Entity Name  
PALM HOUSE OF PINELLAS, LLC



**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90043 014 \*\*\*\*50.00

Principal Place of Business

Mailing Address

~~11453 70TH TERRACE NORTH  
SEMINOLE, FL 33772~~

~~11453 70TH TERRACE NORTH  
SEMINOLE, FL 33772~~

2. Principal Place of Business

3. Mailing Address

12911 WALSHINGHAM RD.

12911 WALSHINGHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL

LARGO, FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, GARY W ESQUIRE  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756

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

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PULLANO, ROBERT C  
STREET ADDRESS 11453 70TH TERRACE NORTH  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Douglas Wyse  
STREET ADDRESS 12911 WALSHINGHAM RD. #115  
CITY-ST-ZIP LARGO, FL 33774

TITLE  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT C PULLANO

4-13-05 (727) 360-1859