

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085610**

**1. Entity Name**  
**PALM COAST INVESTMENT TWO, LLC**



**Principal Place of Business**  
**3755 7TH TERRACE, SUITE 101**  
**VERO BEACH, FL 32960**

**Mailing Address**  
**3755 7TH TERRACE, SUITE 101**  
**VERO BEACH, FL 32960**



02222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2398927**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**HUDSON, DOROTHY A**  
**3755 7TH TERRACE, SUITE 101**  
**VERO BEACH, FL 32960**

**DO NOT WRITE  
IN THIS SPACE**

**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 terminating)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000688201  
04/10/07-80071-002 55.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**MCNALLY, ROBERT C**  
**3755 7TH TERRACE, SUITE 101**  
**VERO BEACH, FL 32960**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Robert McNally**

**3/29/07**

Date

**772-794-9105**

Daytime Phone #