## ·2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000001092**

1. Entity Name

PALM ISLAND, LLC



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5106 WEST SAN JOSE STREET TAMPA, FL 33629 5106 WEST SAN JOSE STREET TAMPA, FL 33629



02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DURRANCE, CHAD G 5106 WEST SAN JOSE STREET TAMPA, FL 33629

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered o	office or registered agent, or both,	n the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature: typed or printed name of registered agent and title if applicable	(NOTE Registered Ag	ent signature required when reinstating)	DATE
FILE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME STREET ADDRESS	DURRANCE, CHAD G 5106 W. SAN JOSE STREET			namenaman a filip
CITY-ST-ZIP	TAMPA, FL 33629			U00000864103 n4/n3/08-80118-009 138.75
TITLE				GALONION CONTROL AND THE CO.
NAME				
STREET ADDRESS				
CITY-S1-ZIP				
TITLE		1		
NAME STREET ADDRESS				
CITY-ST-ZIP			DO N	NOT WRITE
TITLE				HIS SPACE

11. Thereby certify that the information supplied with this filling 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 according 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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-12-06 513-253-5351

Daytime Ph