2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009732

1. Entity Name
SEVEN PALMS, LLC

Principal Place of Business	Mailing Address
4502 HWY 20 EAST STE. A NICEVILLE, FL 32578	4502 HWY 20 EAST STE. A NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

01092008No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
90-0227313		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DARBY, MICHAEL JOHN
4502 HWY 20 EAST STE. A
NICEVILLE, FL 32578

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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)

U000000792105
01/23/08--0104-012 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DARBY, MICHAEL JOHN
STREET ADDRESS	4502 HWY 20 EAST STE.A
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	DARBY, BARBARA
STREET ADDRESS	4502 HWY 20 EAST STE.A
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ [M.J. DARBY]   16 Jan 08   850 230 1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #