2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2007 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State				
DOCUMENT # L05000016916 1. Entity Name PZA PALERMO LLC				State	04-05-2007 90024 010 ****50.00				
Principal Plac	e of Business	Mailing Address							
248 PALERMO AVENUE CORAL GABLES, FL 33134		248 PALERMO AVENUE CORAL GABLES, FL 33134							
CONTRACTOR	23,12 33131	COTAL GROLLS, I L. S.	J. J.	110000	RII ABIBI BIIKI BBIIN BBIIN BB	IEI BBIRI IIDID BU	310. EBEDI 11010 0111		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0000			
· ·				02132001	- 3		83 (12/06)	-8	
City & State ,		City & State		4. FEI Num APPL	ber 20 - 24 I ED FOR	0803		plied For t Applicable	
Zip	Country Zip Co		Country	5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required				
-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			-		
TRESCOTT, DRUVKER & VASALLO P.L.				Name					
2605 PON	CE DE LEON/BLVD.	Street Address		Address (P.O. Box Nun	nber is Not Acceptable	le)			
CORAL GABLES, FL 33134									
			City			FL	Zip Code		
	named entity submits this statement for	or the purpose of changing it	s registered office	or registered agent, or	ooth, in the State of F	lorida. I am	familiar with,	and accept	
	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE. Registered Agent sign	eture required when reinstating)		DATE			
Filing Fee is \$50.00					Ma	ke check p	ayable to		
	ue by May 1, 2007				Florid	la Departm	ent of State	•	
9.	MANAGING MEMBI	 ERS/MANAGERS	10.		ADDITIONS	/CHANGES	3		
TITLE	MGR	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
NAME STREET ADDRESS	PATT, ANGELA K 248 PALERMO AVENUE		STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP						
THTLE		☐ Delete	TITLE NAME				Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	.]					
CITY-ST-ZIP			CITY-ST-ZIP				** *		
TITLE		☐ Delete	THTLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	:					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME CIRCLI ADDRESS			NAME STREET ADDRESS	. 1					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	`					
TITLE		☐ Delete	TITLE	1			☐ Change	Addition	
NAME			NAME						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 feeting or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3.7.07