

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90222 039 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000017465

1. Entity Name  
PALMS RIVERFRONT DEVELOPMENT, LLC



Principal Place of Business  
925 N. COURTENAY PARKWAY, SUITE 28  
MERRITT ISLAND, FL 32953

Mailing Address  
925 N. COURTENAY PARKWAY, SUITE 28  
MERRITT ISLAND, FL 32953

30006293



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2401301

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NOHRR, PHILIP F  
1800 WEST HIBISCUS BLVD., SUITE 138  
GRAYROBINSON, P.A.  
MELBOURNE, FL 32901

**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 reinstating)

DATE

*President*

*3/31/2008*

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
KODSI, MAURICE  
925 N. COURTENAY PKWY # 28  
MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SOUTH BANANA, INC.  
925 N COURTENAY PKWY  
MERRITT ISLAND, FL 32953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Maurice K. Kosi*

*5/12/08*