

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034633

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: PALM CITY 20, LLC

**Current Principal Place of Business:**

3445 SW MAPP RD.  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

20423 STATE ROAD 7  
UNIT F6 - BOX 471  
BOCA RATON, FL 33498 US

**New Mailing Address:**

FEI Number: 27-0120297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIER, NINOWTZKA ESQ.  
ROBINSON & PECARO, P.A.  
633 S.E. 3RD AVENUE, SUITE 303  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FINGERSPITZENGEJUHL, REVOCABLE TRUS T  
Address: 3445 SW MAPP RD.  
City-St-Zip: PALM CITY, FL 34990 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE MILLER      PRES      01/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date