

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049391

**FILED  
Jan 24, 2008  
Secretary of State**

**Entity Name:** THE PALMS OF TARPON SPRINGS, LLC

**Current Principal Place of Business:**

P.O. BOX 655  
NEW ALBANY, IN 47150

**New Principal Place of Business:**

600 HAVEN PLACE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P.O. BOX 655  
NEW ALBANY, IN 47150

**New Mailing Address:**

FEI Number: 20-2872875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHEMBRI, JENIFER S  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236 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: MGR ( ) Delete  
Name: ZARRIS, A. OLYMPUS  
Address: P.O. BOX 655  
City-St-Zip: NEW ALBANY, IN 47150

**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: A. OLYMPUS ZARRIS

MG

01/24/2008

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