

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049391

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

600 HAVEN PLACE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**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  
**Name:** ZARRIS, A. OLYMPUS  
**Address:** P.O. BOX 655  
**City-St-Zip:** NEW ALBANY, IN 47150

I hereby 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:** OLYMPUS ZARRIS

MGR

01/05/2010

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