


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90071 020 ***138.75

60004257

DOCUMENT # L05000059366	
1. Entity Name PALM VIEW CONSTRUCTION, LLC	

Principal Place of Business 908 RIVERSIDE DR 205 PALMETTO, FL 34221	Mailing Address 908 RIVERSIDE DR 205 PALMETTO, FL 34221
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2. Principal Place of Business - No P.O. Box # 30 Island Ct	3. Mailing Address PO Box 321
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Terra Ceia FL	City & State Terra Ceia FL
Zip 34250	Country USA
Zip 34250	Country USA

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 47-0955613	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WYATT, JEFFREY C 30 ISLAND COURT TERRA CEIA, FL 34250	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <i>Jeffrey C Wyatt</i>	DATE 1/25/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIZANO, DAVID 50 ISLAND COURT TERRA CEIA, FL 34250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYATT, JEFFREY C 30 ISLAND COURT TERRA CEIA, FL 34250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jeffrey C Wyatt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 1/25/08 Daytime Phone #: 941-803-8254