2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000059366 1. Entity Name PALM VIEW CONSTRUCTION, LLC					01-28-200	98 90071 020 ***1	38.75	
Principal Plac	e of Business	Mailing Address	•		600	04257		
908 RIVERSI	DE DR	908 RIVERSIDE DR			000	0 2 2 2 3		
205 Palmetto, 1	El 24221	205 Palmetto, Fl 34221						
PALIMETTO,	rl 34221	PALMETTO, FL 34221			 			
2. Principal Place of Business - No P.O. Box # 30 \(\frac{1}{2} \) \(\frac{1}{4} \) \(\frac{1}{4} \) \(\frac{1}{4} \)		3. Mailing Address PO Box 371						
Suite, Apt.		Suite, Apt. #, etc.		01252008	Chg-LLC	CR2E083 (12/06)		
City & Stat	CCIG FL	City & State Tella Cei		4. FEI Numb 47-095	-	· [- ·	oplied For ot Applicable	
Zìp	34250 Country USA	^{zip} 34250	Country USA	[<u> </u>	of Status Desired	\$5.00 Add		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New	Registered Agent		
WYATT, J	EFFREY C							
30 ISLAND			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TERRA CI	EIA, FL 34250			•				
			City			□ Zip Cod	io.	
		746						
The above the obligat	named entity sort its this statement for ions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or bo	oth, in the State of F	lorida. I am familiar with,	and accept	
-	J.11/2 C 1	witt				1/25/2		
SIGNATURE .	TIPHY C	N MAP				1 16621110		
	Signature, troud or priored rame of registered agent a	nd title if applicable. (NOTE: P	egistered Agent signature	required when reinstating)		DATE		
	Signature, you'd or glyded rating of registered agent as ENOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	nd stuf (Anphicable. (NOTE: R	egistered Agent signature	required when reinstating)		ke check payable to	e	
	NOW!!! FEE IS \$138.75		egislered Agent signature	required when reinstating)	Florid	ke check payable to	e	
9.	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75 MANAGING MEMBER		10.	required when reinstating)	Florid	ke check payable to la Department of Stat	e Addition	
9. TITLE NAME	MANAGING MEMBER MGRM PIZANO, DAVID	RS/MANAGERS	10. TITLE NAME	required when reinstating)	Florid	ke check payable to la Department of Stat	· <u>-</u> ·	
9.	MANAGING MEMBER MGRM PIZANO, DAVID 50 ISLAND COURT	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	required when reinstating)	Florid	ke check payable to la Department of Stat	· <u>-</u> ·	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM PIZANO, DAVID	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when reinstating)	Florid	ke check payable to la Department of Stat S/CHANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM PIZANO, DAVID 50 ISLAND COURT TERRA CEIA, FL 34250	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	required when reinstating)	Florid	ke check payable to la Department of Stat	· <u>-</u> ·	
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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 acceptate 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 hereceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUST TO FIFTY C WATH MORM DATE OF SIGNING MANAGER, ON AUTHORIZED REPRESENTATIVE DATE