

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066591

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** PINEAPPLE-PALERMO, LLC

**Current Principal Place of Business:**

4315 PABLO OAKS COURT, SUITE 5  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4315 PABLO OAKS COURT, SUITE 5  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 02-0745962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD., SUITE 504  
JACKSONVILLE, FL 32216 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: ASH, WILLIAM J III  
Address: 4315 PABLO OAKS CT STE 5  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete  
Name: CALVERT, SPENCER T  
Address: 4315 PABLO OAKS CT STE 5  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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

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:** SPENCER T CALVERT

MGR

02/18/2008

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