

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000069411

1. Entity Name
PALM AVENUE PARTNERS, LLC



Principal Place of Business

**309 MAIN STREET
A
PEORIA, IL 61602**

Mailing Address

**309 MAIN STREET
A
PEORIA, IL 61602**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1684644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEITER, THOMAS E
200 WHEELER ROAD
BOCA GRANDE, FL 33921**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000803170
02/05/08-80013-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEITER, MATTHEW T
STREET ADDRESS	8400 PLACIDA ROAD
CITY-ST-ZIP	PLACIDA, FL 33921
TITLE	MGR
NAME	LEITER, THOMAS E
STREET ADDRESS	309-A MAIN STREET
CITY-ST-ZIP	PEORIA, IL 61602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Matthew T. Leiter / Mgr.

1-25-08

309-673-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #