



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000076100</b> 1. Entity Name <b>PALMA REALTY &amp; DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>237 LOOKOUT PLACE, 2ND FLOOR MAITLAND, FL 32751</b>	Mailing Address <b>237 LOOKOUT PLACE, 2ND FLOOR MAITLAND, FL 32751</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3310465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, PAUL M  
237 LOOKOUT PLACE  
2ND FLOOR  
MAITLAND, FL 32751**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, PAUL M 237 LOOKOUT PLACE, 2ND FLOOR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGEAJIS, TIMOTHY 237 LOOKOUT PLACE, 2ND FLOOR MAITLAND, FL 32751
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04/04/07-80023-001 50.00

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:**  **Paul M. Henderson** **3/26/07** **407-539-0835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #