

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:49

**DOCUMENT # L05000077586**

1. Entity Name  
PALMETTO RIDGE ESTATES DEVELOPMENT, LLC



Principal Place of Business  
5354 PARKDALE DRIVE, SUITE 350  
ST LOUIS PARK, MN 55416

Mailing Address  
5354 PARKDALE DRIVE, SUITE 350  
ST LOUIS PARK, MN 55416



02082008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3273966	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent-**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	OLIVER, TIMOTHY J
STREET ADDRESS	6465 WAY ZATAN BLVD SUITE 304
CITY-ST-ZIP	ST. LOUIS PARK, MN 55426
TITLE	MGR
NAME	LARSON, BRUCE E
STREET ADDRESS	5354 PARKDALE DRIVE, SUITE 350
CITY-ST-ZIP	ST LOUIS PARK, MN 55416
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:** *Bruce E Larson, Manager*      2/8/2008      952-5432055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #