

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079473

FILED
Jul 05, 2007
Secretary of State

Entity Name: PALMS OF FREEPORT DEVELOPERS, LLC

Current Principal Place of Business:

10859 EMERALD COAST PKWY.
#4-227
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

10859 EMERALD COAST PKWY.
#4-227
DESTIN, FL 32550

New Mailing Address:

FEI Number: 05-0632239 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NICOLO, GULLO D
10859 EMERALD COAST PKWY.
#4-227
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

STEPHENS, JEFF M
4507 FURLING LANE
210
DESTIN, FL 32541 US

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: JEFF M STEPHENS

07/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GULLO, NICOLO
Address: 10859 EMERALD COAST PKWY.
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: LORENZEN, RYAN
Address: 10859 EMERALD COAST PKWY. #4-227
City-St-Zip: DESTIN, FL 32550

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: NICK GULLO

MGRM

07/05/2007

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