

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082912

Entity Name: PALMS TO PINES, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2344 BEE RIDGE RD. SUITE #115
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2344 BEE RIDGE RD. SUITE #115
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-3726906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL J. BELLE, P.A.
2364 FRUITVILLE ROAD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

JAMES SICILIANO
2344 BEE RIDGE RD.
SUITE 115
SARASOTA, FL 34239 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: JAMES SICILIANO

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SICILIANO, JAMES M
Address: 7802 MATHERN COURT
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: SICILIANO, JENNIFER A
Address: 7802 MATHERN COURT
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: LAMOUREAUX, RAYMOND A
Address: 7802 MATHERN COURT
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

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

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: JAMES SICILIANO

MGR

01/07/2008

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