

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90331 019 ****50.00

DOCUMENT # L05000085936					
1. Entity Name PALI PROPERTIES, LLC					
Principal Place of Business 5509 W GRAY ST STE 202 TAMPA, FL 33609-1029			Mailing Address 5509 W GRAY ST STE 202 TAMPA, FL 33609-1029		
2. Principal Place of Business - No P.O. Box # 117 SOUTH WILLOW AVE		3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. Suite 100			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 20-5297505	
Zip 33606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGORI, CHRISTOPHER N 5509 W GRAY ST STE 202 TAMPA, FL 33609-1029			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 117 So. Willow Ave, Suite 100 City TAMPA FL Zip Code 33606		
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 <u>04/28/07</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: <input type="checkbox"/> Delete LIGORI, CHRISTOPHER 5509 W GRAY ST STE 202 TAMPA, FL 33609-1029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 117 So. Willow Ave, Suite 100 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGRM PATEL, SARJU 115 SOUTH WILLOW AVENUE TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19046 BRUCE B. DOWN 2 BLVD, SUITE 301 TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			DATE <u>04/28/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <u>813-240-2135</u>		