

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90196 027 \*\*\*\*50.00

<b>DOCUMENT # L05000093403</b>					
<b>1. Entity Name</b> PALMA VISTA BAY, LLC					
<b>Principal Place of Business</b> 3008 MANATEE AVENUE WEST BRADENTON, FL 34205			<b>Mailing Address</b> 3008 MANATEE AVENUE WEST BRADENTON, FL 34205		
<b>2. Principal Place of Business - No P.O. Box #</b> 6810 RIVERVIEW BLVD.		<b>3. Mailing Address</b> 6810 RIVERVIEW BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BRADENTON, FL		<b>City &amp; State</b> BRADENTON, FL		<b>4. FEI Number</b> 14-1958289	
<b>Zip</b> 34209		<b>Country</b> MANATEE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PHIPPEN, MICHAEL 3008 MANATEE AVENUE WEST BRADENTON, FL 34205			<b>7. Name and Address of New Registered Agent</b> Name: MICHAEL PHIPPEN Street Address (P.O. Box Number is Not Acceptable): 6810 RIVERVIEW BLVD City: BRADENTON FL Zip Code: 34209		
<b>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.</b> SIGNATURE:  MICHAEL PHIPPEN, MGR 2/1/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> PHIPPEN-ROWE, INC. <b>STREET ADDRESS</b> 3008 MANATEE AVE. W. <b>CITY-ST-ZIP</b> BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> PHIPPEN, MICHAEL <b>STREET ADDRESS</b> 6810 RIVERVIEW BLVD <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			MICHAEL PHIPPEN, MGR 2/1/07 941-518-5841		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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02012007 Chg-LLC CR2E083 (12/06)