

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90012 006 ****50.00

DOCUMENT # L05000096328

1. Entity Name
PALAMAIN PARTNERS, LLC



Principal Place of Business
**5415- E BACKLICK ROAD
SPRINGFIELD, VA 22151**

Mailing Address
**5415- E BACKLICK ROAD
SPRINGFIELD, VA 22151**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3561034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITVAK, KRAMER A
226 EAST GOVERNMENT STREET
PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPOTSWOOD, WILLIAM R
5415-E BACKLICK ROAD
SPRINGFIELD, VA 22151** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPOTSWOOD, JAMES R
5415-E BACKLICK ROAD
SPRINGFIELD, VA 22151** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPOTSWOOD, ROBERT K
2100 THIRD AVENUE NORTH
BIRMINGHAM, AL 35203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRGM
PARROTT & SPOTSWOOD TRUST
3326 JACKSON STREET
SAN FRANCISCO, CA 94118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. **Correction** ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPOTSWOOD, WILLIAM S JR. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James R. Spotswood
MGR

4-8-06

703 - 256-1500