

**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  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



03052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3561034**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

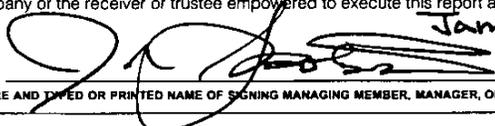
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOTSWOOD, WILLIAM R 5415-E BACKLICK ROAD SPRINGFIELD, VA 22151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOTSWOOD, JAMES R 5415-E BACKLICK ROAD SPRINGFIELD, VA 22151	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPOTSWOOD, ROBERT K 2100 THIRD AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARROTT & SPOTSWOOD TRUST 3326 JACKSON STREET SAN FRANCISCO, CA 94118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

*Correction*

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPOTSWOOD, WILLIAM S JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**  **James R. Spotswood** **MGR** **4-8-06** **703-256-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #