

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

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**



04062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000898791
04/28/08-80012-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SPOTSWOOD, WILLIAM S JR
STREET ADDRESS	5415-E BACKLICK ROAD
CITY-ST-ZIP	SPRINGFIELD, VA 22151
TITLE	MGR
NAME	SPOTSWOOD, JAMES R
STREET ADDRESS	5415-E BACKLICK ROAD
CITY-ST-ZIP	SPRINGFIELD, VA 22151
TITLE	MGR
NAME	SPOTSWOOD, ROBERT K
STREET ADDRESS	2100 THIRD AVENUE NORTH
CITY-ST-ZIP	BIRMINGHAM, AL 35203
TITLE	MGRM
NAME	PARROTT & SPOTSWOOD TRUST
STREET ADDRESS	27 MAPLE AVE
CITY-ST-ZIP	KENTFIELD, CA 94904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-7-08 703-256-1500