


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90205 033 ****50.00

DOCUMENT # L05000120421 1. Entity Name PALMETTO BUSINESS PARK, LLC					
Principal Place of Business 2000 WEST MOODY BLVD. (STATE ROAD 11) BUNNELL, FL 32110			Mailing Address P.O. BOX 978 BUNNELL, FL 32110-0978		
2. Principal Place of Business 1150 WEST MOODY BLVD.		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BUNNELL, FL		City & State		4. FEI Number 55-0911235	
Zip 32110		Country FLAGLER		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUDLEY, WILLIAM F 2000 WEST MOODY BLVD. (STATE ROAD 11) BUNNELL, FL 32110				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 _____ (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				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUDLEY, WILLIAM F 4 JOHN BULOW CIRCLE FLAGLER BEACH, FL 32136			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>William F. Dudley</i>				Date 03-08-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

(386) 437-3068