

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003086

FILED
Apr 29, 2008
Secretary of State

Entity Name: JERRY-MARK PALM VIEW, LLC

Current Principal Place of Business:

2843 S. BAYSHORE DRIVE, APT. 12F
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2843 S. BAYSHORE DRIVE, APT. 12F
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-4085943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAFT, HOWARD
2843 S. BAYSHORE DRIVE, APT. 12F
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: TAFT, HOWARD
Address: 2843 S. BAYSHORE DRIVE, APT. 12F
City-St-Zip: MIAMI, FL 33133

Title: MM () Delete
Name: HAHAMOVICH, HARRY
Address: 2206 W. ATLANTIC AVE, SUITE 201
City-St-Zip: DELRAY BEACH, FL 33445

Title: MM () Delete
Name: GELMAN, CHARLES
Address: 25 SE 2ND AVENUE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES GELMAN

MM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date