


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90337 045 \*\*\*150.00

**DOCUMENT # L06000006591**

1. Entity Name  
**PALMETTO CONSTRUCTION, LLC**



Principal Place of Business      Mailing Address  
**1110 CHANDLER OAKS DRIVE**      **1110 CHANDLER OAKS DRIVE**  
**JACKSONVILLE, FL 32221 US**      **JACKSONVILLE, FL 32221 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04182007    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**20-4153473**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARFIELD, RAYMOND B**  
**1110 CHANDLER OAKS DRIVE**  
**JACKSONVILLE, FL 32221**

**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, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, RAYMOND B		NAME		
STREET ADDRESS	1110 CHANDLER OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Raymond B. Barfield*      **4/28/07**      **904-237-3066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #