

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90408 018 ***138.75

DOCUMENT # L06000018455

1. Entity Name
PALLADIN DEVELOPMENT, LLC

Principal Place of Business
**6460 HIDDEN OAKS LANE
 NAPLES FL 34119**

Mailing Address
**6460 HIDDEN OAKS LANE
 NAPLES FL 34119**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



1st MOORE CR2E083 (10/07)

4. FEI Number **20-4338607** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~TROIANO, JOSEPH A. ESQ.
 12800 UNIVERSITY DRIVE, SUITE 380
 FORT MYERS FL 33907~~

7. Name and Address of New Registered Agent
 Name **Anthony Palladino**
 Street Address (P.O. Box Number is Not Acceptable) **6460 Hidden Oaks Lane**
 City **Naples** FL Zip Code **34119**

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 Anthony Palladino DATE 2-20-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PALLADINO, TONY 6460 HIDDEN OAKS LANE NAPLES FL 34119 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Section 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: Anthony Palladino DATE 2-20-08 DAYTIME PHONE # 239-596-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE