## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90432 040 \*\*\*\*50.00

DOCUMENT # L06000027192  1. Entity Name PALMLAND DEVELOPMENT GROUP LLC						04-02-2007	90432 04	40 ****50	0.00
Principal Plac	e of Business	Mailing Address			1 c	0031000	n		
301 E. PINE ST., SUITE 150 ORLANDO, FL 32801		301 E. PINE ST., SUITE 150 ORLANDO, FL 32801		I (ABIPA) E I	- •				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03282007	Chg-LLC	CR2E0	83 (12/06)		
City & Stat	ө	City & State		4. FEI Number Applied For Not Applied For Not Applicable					
Zíp	Country	Zip	Country			of Status Desired		\$5.00 Add	litional
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered A	gent	
				10					-
L BRUCE SWIREN PA 1516 E HILLCREST ST SUITE 200				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32819									
				_	FL Zip Code				
<ol><li>The above the obligat</li></ol>	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered offic	e or register	red agent, or bot	h, in the State of Fl	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and litie if applicable. (NO	TE: Registered Agent	ionature required	when reinstating)		DATE	<del></del>	
Filing Fee Is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE				•	Change	■ Addition
name Street address	LY, THUYEN T 170 COOPER COURT		NAME CODET ADDR						
CITY-ST-ZIP			STREET ADDR	:55					
TITLE			TITLE	+				☐ Change	☐ Addition
NAME	NGUYEN, TROY	NAM		1				☐ Glange	☐ vocation
STREET ADDRESS	1879 VINA COURT		STREET ADDR	ss					
CITY-ST-ZIP	CHULUOTA, FL 32766		CITY-ST-ZIP						
TITLE		Delete	TITLE					☐ Change	Addition
NAME			NAME		-				
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	:55					
TITLE	1000	☐ Delete	TITLE	<del></del>			•	Change	Addition
NAME		CD Delete	NAME						Addition
STREET ADDRESS			STREET ADDR	:ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET AODRESS			STREET ADDR	:SS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition

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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (X) 104 MENUT TROY NOUTS 3-28-67
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (417) 897-6200