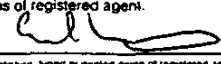
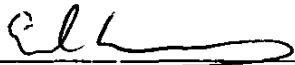


FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90122 044 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000036097		
1. Entity Name PALMA BELLA DEVELOPMENT LLC		
Principal Place of Business 5130 N HILLS DR HOLLYWOOD, FL 33021 US		Mailing Address 5130 N HILLS DR HOLLYWOOD, FL 33021 US
DO NOT WRITE IN THIS SPACE		
		04072008 No Chg-LLC CR2E083 (12/07)
4. FEI Number 20-4648476		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
LEVY, EYAL 5130 N HILLS DR HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	TOLEDANO, YIZHAK	
STREET ADDRESS	5130 N HILLS DR	
CITY- ST- ZIP	HOLLYWOOD, FL 33021	
TITLE	MGRM	
NAME	LEVY, EYAL	
STREET ADDRESS	5130 N HILLS DR	
CITY- ST- ZIP	HOLLYWOOD, FL 33021	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		