

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L06000040860

1. Entity Name

PALMETTO MANAGER, LLC



**FILED  
Apr 18, 2007 8:00 am  
Secretary of State**

01-26-2007 90080 040 \*\*\*\*50.00



1st MOORE CR2E083 (10/06)

Principal Place of Business		Mailing Address	
2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES FL 33134		2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES FL 33134	
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

4. FEI Number <b>20-8740282</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

HERNANDEZ, HECTOR JR ESQ  
2850 DOUGLAS ROAD, PENTHOUSE SUITE  
CORAL GABLES FL 33134

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
NAME STREET ADDRESS CITY ST-ZIP	MGRM HERNANDEZ, HECTOR J 2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES FL 33134	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP
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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:**

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

2-21-07. (305) 343-2505.

Date

Daytime Phone #