


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90067 035 ***138.75

DOCUMENT # L06000055154 1. Entity Name PALM COAST DEVELOPERS, LLC	
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Principal Place of Business C/O DEVELOPERS REALTY CORPORATION 433 S MAIN STREET SUITE 310 WEST HARTFORD, CT 06110	Mailing Address C/O DEVELOPERS REALTY CORPORATION 433 S MAIN STREET SUITE 310 WEST HARTFORD, CT 06110
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01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8178322	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, SHELLY M ESQ 8726 OLD CR 54 SUITE D NEW PORT RICHEY, FL 34653
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EISENBAUM, WAYNE 433 S MAIN STREET SUITE 310 WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EISENBAUM, ALAN 433 S MAIN STREET SUITE 310 WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMPM ENTERPRISES 433 S MAIN STREET SUITE 310 WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 **1-31-08** Daytime Phone #