

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055154

FILED  
Feb 08, 2011  
Secretary of State

Entity Name: PALM COAST DEVELOPERS, LLC

## Current Principal Place of Business:

C/O DEVELOPERS REALTY CORPORATION  
433 S MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110

## New Principal Place of Business:

C/O DEVELOPERS REALTY CORPORATION  
1224 MILL STREET, BUILDING D, SUITE 103  
EAST BERLIN, CT 06023

## Current Mailing Address:

C/O DEVELOPERS REALTY CORPORATION  
433 S MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110

## New Mailing Address:

C/O DEVELOPERS REALTY CORPORATION  
1224 MILL STREET, BUILDING D, SUITE 103  
EAST BERLIN, CT 06023

FEI Number: 20-8178322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, SHELLY M ESQ  
8726 OLD CR 54 SUITE D  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: EISENBAUM, WAYNE  
Address: 433 S MAIN STREET SUITE 310  
City-St-Zip: WEST HARTFORD, CT 06110

Title: MGR  
Name: EISENBAUM, ALAN  
Address: 433 S MAIN STREET SUITE 310  
City-St-Zip: WEST HARTFORD, CT 06110

Title: MGR  
Name: AMPM ENTERPRISES  
Address: 433 S MAIN STREET SUITE 310  
City-St-Zip: WEST HARTFORD, CT 06110

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE EISENBAUM

MGR

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date