Sep 07 07 01:41p Campaniello Realty

Jul 03 07 01:29p Campaniello Realty

FILED
Sep 11, 2007 8:00 am
Secretary of State
08-24-2007 90045 024 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30012824

DOCUMENT # L06000063166

1. Entity Name
PALMWAY ASSOCIATES, LLC

Principal Place of Business
288 SOUTH COUNTY ROAD
PALM BEACH, FL 33480 US

Mailing Address
288 SOUTH COUNTY ROAD
PALM BEACH, FL 33480 US

07032007 Chg-LLC CR2E083 (12/06)

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 20-5106044 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SLATER, ROBERT W
214 BRAZILIAN AVENUE
STE 260
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CAMPANIELLO, THOMAS	
STREET ADDRESS	288 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH, FL 33480	

10. ADDITIONS/CHANGES

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] 8-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #