2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L06000067085

Entity Name: PALMETTO SITE DEVELOPMENT, LLC

Current Principal Place of Business:

6019 22ND AVENUE CIRCLE EAST
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

6019 22ND AVENUE CIRCLE EAST
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 20-5180778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, CHARLES E JR
6019 22ND AVENUE CIRCLE EAST
PALMETTO, FL 34221 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:	MGRM	( ) Delete
Name:	SANDERS, CHARLES E JR	
Address:	6019 22ND AVENUE CIRCLE EAST	
City-St-Zip:	PALMETTO, FL 34221 US	
Title:	MGRM	( ) Delete
Name:	SANDERS, JOHN H	
Address:	2146 20TH AVENUE	
City-St-Zip:	VERO BEACH, FL 32960 US	
Title:	MGRM	( ) Delete
Name:	SANDERS, CHARLES E SR	
Address:	10275 GULF BOULEVARD, APT# 404	
City-St-Zip:	TREASURE ISLAND, FL 33706 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES E SANDERS JR MGRM 02/02/2007

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