

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000093144

1. Entity Name
PALM PLAZA PCB, LLC



Principal Place of Business
**1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407**

Mailing Address
**1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407**



04012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5737031

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARLOGA, SCOTT B
438 N. COVE BLVD.
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000885950
04/18/08-80035-008 287.50

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WOOD, FRANK JR.
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**~~MGR~~
~~PARCLOTH, CHARLES~~
~~400 HARRISON AVE~~
~~PANAMA CITY, FL 32401~~**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WOOD, VALORIE
1815 TURNER WOOD LN
PANAMA CITY BEACH, FL 32407**

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:

4-2-2008

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

Date

Daytime Phone #