


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90321 019 \*\*\*138.75

<b>DOCUMENT # L06000099934</b> 1. Entity Name PALMAS-DEL-PARAISO, LLC					
Principal Place of Business 166 NORTH HIGHWAY A1A SUITE 100B PONTE VEDRA BEACH, FL 32082			Mailing Address 166 NORTH HIGHWAY A1A SUITE 100B PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box # 416 3rd St. S.		3. Mailing Address 416 3rd St. S.			
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1			
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL			
Zip 32250		Country USA		4. FEI Number NOT APPLICABLE	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02052008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  PATTERSON, ANDERSON & FELDMAN, PA 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKINSON, ALAN E 166 NORTH HIGHWAY A1A, SUITE 100B PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKINSON, Alan E. 416 S. 3rd St. #1 Jacksonville Beach, FL 32250	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Alan Dickinson</u> 04/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					