

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108637

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** PALM SHADOWS ONE, LLC

**Current Principal Place of Business:**

7041 GRAND NATIONAL DR., SUITE 206  
ORLANDO, FL 32819

**New Principal Place of Business:**

7041 GRAND NATIONAL DR., SUITE 206  
ORLANDO, FL 32819 US

**Current Mailing Address:**

7041 GRAND NATIONAL DR., SUITE 206  
ORLANDO, FL 32819

**New Mailing Address:**

PO BOX 590536  
ORLANDO, FL 32859 US

**FEI Number:** 20-5984869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIKES, RONALD W ESQ.  
1000 EAST ROBINSON STREET, SUITE A  
ORLANDO, FL 32801 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: MR. ( ) Delete  
Name: LOTWICK, GEORGE W  
Address: 7041 GRAND NATIONAL DRIVE SUITE 206  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: LOTWICK, GEORGE W JR.  
Address: 7041 GRAND NATIONAL DRIVE SUITE 206  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE W. LOTWICK, JR.

MR.

04/15/2009

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