

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 019 ***138.75

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01022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000113724					
1. Entity Name ALL ABOUT PALMS TREE FARM, LLC					
Principal Place of Business 2329 PINE TERRACE SARASOTA, FL 34231		Mailing Address 2329 PINE TERRACE SARASOTA, FL 34231			
2. Principal Place of Business - No P.O. Box # 37425 SW 192 Avenue Suite, Apt. #, etc.		3. Mailing Address 37425 SW 192 Avenue Suite, Apt. #, etc.			
City & State Homestead, Fl.		City & State Homestead, Fl.		4. FEI Number NOT APPLICABLE	
Zip 33034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, DEBORAH E 5700 MIDNIGHT PASS ROAD SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name AVIGDOR GORNETZKI Street Address (P.O. Box Number is Not Acceptable) 37425 SW 192 Avenue City Homestead FL Zip Code 33034		
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 <i>Avigdor Gornetzki</i>		AVIGDOR GORNETZKI		DATE 1-04-2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACK, EREZ 2329 PINE TERRACE SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORNETZKI, AVIGDOR 2329 PINE TERRACE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORNETZKI, AVIGDOR 109-10 Queens Boulevard, #12G Forest Hills, NY 11375	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, PAVEL 2329 PINE TERRACE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, PAVEL 37425 SW 192 Avenue Homestead, Florida 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>Avigdor Gornetzki</i>			Date 1-04-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		