

# 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)

<b>DOCUMENT # L06000113724</b> 1. Entity Name <b>ALL ABOUT PALMS TREE FARM, LLC</b>					
Principal Place of Business <b>2329 PINE TERRACE SARASOTA, FL 34231</b>			Mailing Address <b>2329 PINE TERRACE SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box # <b>37425 SW 192 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>37425 SW 192 Avenue</b> Suite, Apt. #, etc.			
City & State <b>Homestead, Fl.</b>		City & State <b>Homestead, Fl.</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORDON, DEBORAH E 5700 MIDNIGHT PASS ROAD SARASOTA, FL 34242</b>			7. Name and Address of New Registered Agent Name <b>AVIGDOR GORNETZKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>37425 SW 192 Avenue</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33034</b>		
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> <b>AVIGDOR GORNETZKI</b> <span style="float: right;">1-04-2008</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
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	MGR GORNETZKI, AVIGDOR 2329 PINE TERRACE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
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 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 37425 SW 192 Avenue Homestead, Florida 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, PAVEL 37425 SW 192 Avenue Homestead, Florida 33034	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, PAVEL 37425 SW 192 Avenue Homestead, Florida 33034	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, PAVEL 37425 SW 192 Avenue Homestead, Florida 33034	<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> <span style="float: right;">1-04-2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					