

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009202

FILED
Mar 24, 2009
Secretary of State

Entity Name: PALLADINO PROPERTIES, LLC

Current Principal Place of Business:

43 LELAND TERRACE
TINTON FALLS, NJ 07724 US

New Principal Place of Business:

Current Mailing Address:

43 LELAND TERRACE
TINTON FALLS, NJ 07724 US

New Mailing Address:

FEI Number: 20-8313368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF CATHRYN R. SABRIN
2715 WEST FAIRBANKS AVENUE
SUITE 201
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LAW OFFICE OF CATHRYN R. SABRIN
219 TOMOKA TRAIL
LONGWOOD, FL 32714 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALLADINO, PAUL
Address: 43 LELAND TERRACE
City-St-Zip: TINTON FALLS, NJ 07724 US

Title: MGRM () Delete
Name: PALLADINO, LINDA M
Address: 43 LELAND TERRACE
City-St-Zip: TINTON FALLS, NJ 07724 US

Title: MGRM () Delete
Name: PALLADINO, DANIEL
Address: 43 LELAND TERRACE
City-St-Zip: TINTON FALLS, NJ 07724 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL PALLADINO

MM

03/24/2009

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