

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013955

Entity Name: PALMCORP MANAGEMENT, LLC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

2903 SALZEDO STREET  
THE VICTORIA BUILDING  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2903 SALZEDO STREET  
THE VICTORIA BUILDING  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-8393477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE RIBEAUX, GUS  
2903 SALZEDO STREET  
THE VICTORIA BUILDING  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

DERIBEAUX, GUS  
2903 SALZEDO STREET  
THE VICTORIA BUILDING  
CORAL GABLES, FL 33134 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: GUS DERIBEAUX

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOSCA, CARLOS  
Address: 2903 SALZEDO STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: DE RIBEAUX, GUS  
Address: 2903 SALZEDO STREET  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

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: GUS DERIBEAUX

MGRM

04/21/2009

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