

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90227 038 ***538.75

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DOCUMENT # L07000048843 1. Entity Name PALM BAY DD/H, LLC					
Principal Place of Business 650 HERMITAGE CIR. PALM BEACH GARDENS, FL 33410			Mailing Address 650 HERMITAGE CIR. PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		05132008 Chg-LLC CR2E083 (12/08)	
4. FEI Number 26-0162620				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DANIELS, Alys NAGLER ESQ 701 U.S. HWY ONE STE 402 N. PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAMAY, N. RICHARD 650 HERMITAGE CIR. PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>N. Richard Namay</u> <u>May 12, 2008</u> <u>561-234-9605</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					