2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

03-28-2008 90171 044 ***138.75

30006437

03262008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000069114

1. Entity Name
PALM CREEK PLAZA, LLC

Principal Place of Business	Mailing Address
1255 W. NINE MILE RD. PENSACOLA, FL 32534	P.O. BOX 10745 PENSACOLA, FL 32524-0745
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0368846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABRAMS, KIRK E 1255 W. NINE MILE RD. PENSACOLA, FL 32534	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 reinstating) DATE

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	MGRM ABRAMS, KIRK E P.O. BOX 10745 PENSACOLA, FL 325240745 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] KIRK E. ABRAMS 850-477-2185
Date Daytime Phone #

ATTACHMENT

30006437

Palm Creek Plaza, LLC
c/o Kirk E. Abrams
P. O. Box 10745
Pensacola, FL. 32524-0745
850-477-2185

8 May 2008

Florida Division of Corporations
P. O. Box 6478
Tallahassee, FL. 32314

Re: Attached letter dated April 14, 2009 and corrected Annual Report Palm Creek Plaza, LLC
Document # L07000069114

Gentlemen,

As you requested, we have corrected the attached Annual Report to reflect the subject LLC's Federal Employer's Identification Number (EIN#).

Please contact me, if you require additional information.

Very truly yours,

Kirk E. Abrams

JRS/

Attachments

Delivery Confirmation Number 0307 1790 0000 2745 9457