2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State
08-08-2008 90034 008 ***138.75

DOCUMENT # L07000081569

1. Entity Name
PALM ISLAND ESTATES LLC

Principal Place of Business	Mailing Address
1555 NORTH CASEY KEY ROAD OSPREY FL 34229 US	~~1555 NORTH CASEY KEY ROAD~~ ~~OSPREY FL 34229~~ ~~US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
CMR ASSOCIATES SERVICES	23 BEAU SEJOUR (ET.5)
Suite, Apt. #, etc. 40 SARASOTA BLD UNIT 108A	Suite, Apt. #, etc. J.de STADELHOFEN
City & State SARASOTA FLORIDA	City & State GENEVA
Zip 34240 Country USA	Zip CH 1206 Country SWITZERLAND

2nd MOORE CR2E083 (4/08)

4. FEI Number N/A — 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name CMR ASSOCIATES SERVICES INC (MELENDY) Street Address (P.O. Box Number is Not Acceptable) 40 SARASOTA CENTER Bld - UNIT 108A ATT: DONNIE MELENDY City SARASOTA FL Zip Code 34240

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 ______ AUG. 5, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is $138.75 ☑

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE STADELHOFEN, JACQUES 1555 NORTH CASEY KEY ROAD OSPREY FL 34229	☒ Delete	MGRM DE STADELHOFEN JACQUES 23 BEAU SEJOUR CH1206 SWITZERLAND	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ______ AUG. 5. 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE (THALLASSEE)

[redacted]

RE PALM ISLAND ESTATES LLC

[redacted]

FLORIDA MAIL ADDRESS CMR ASSOCIATES
DONNIE MCLENDY
40 SARASOTA CENTER BLVD UNIT 108 SARASOTA FL 34240

[redacted]

RE NUMBER (L07000081569)

[redacted]

2008 LLC ANNUAL REPORT

[redacted]

SUBJECT FEDERAL EMPLOYER IDENTIFICATION (FEI)

[redacted]

URGENT MESSAGE

GENTLEMEN, IF THIS IS THE FOLLOW UP TO MY AR 2008.

THANK YOU FOR YOUR REPLY DATED AUG. 13, 2008 RE THE ABOVE LLC FORMERLY AT 1553 NORTH CASEY KEY ROAD OSPREY FL 34229. AS STATED BEFORE,

PALM ISLAND ESTATES LLC SHOULD THEREFORE RECEIVE ALL MAILS OR MESSAGES IN FLORIDA AT MY ACCOUNTANT'S ADDRESS (AS STATED ON THEAR)

DONNIE MELENDY CMR ASSOCIATES
40 SARASOTA CENTER BLVD UNIT 108 A
SARASOTA FL 34240

[TEL 941 3781717
FAX 941 378 2202
cell 941. 504 X853]

OR

AT MY SWISS ADDRESS

23 AVENUE BEAU-SEJOUR
FIFTH FLOOR CH 1206 GENEVA
SWITZERLAND
TEL 011 41 79 436 74 70 (cell)
FAX 011 41 22 752 47 30
TEL 011 41 22 752 47 70
Stadelhofen@gmail.com

THANK YOU TO NOTE THAT THIS LLC HAS NO ACTIVITY NO EMPLOYEES : IT IS SIMPLY A VEHICLE THAT HOLDS A UNBUILT LOT IN CHARLOTTE COUNTY, FLA.

IF YOU HAVE ANY QUESTIONS OR NEED MORE DATA PLEASE DO NOT HESITATE TO EMAIL AS I NOTICED THAT THE LOCAL POSTAGE MAY TAKE 15 TO 21 DAYS AND I GUESS THE INTERNATIONAL POSTAGE MAY BE MUCH SLOWER!..

BEST REGARDS

JACQUES de STADELHOFEN

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ATTACHMENT
3001106

P 01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRANSMITTING OK PAGES 03

August 13, 2008

PALM ISLAND ESTATES LLC
1555 NORTH CASEY KEY ROAD
OSPREY, FL 34229 US

Subject: **PALM ISLAND ESTATES LLC**

Reference Number: **L07000081569**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

✓ Please complete Block 4 by entering your Federal Emplover Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

NO FEI SAYS IRS

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

SIMPLY FILL BLOCK A WITH "N/A"

/ls
ANNUAL REPORTS SECTION

[Call Aug 26, 2008]

* Employee ID 175527

P.O. BOX 6478 - Tallahassee, Florida 32314