

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104475

FILED
Aug 21, 2008
Secretary of State

Entity Name: PALMETTO BAY SEVEN, LLC

Current Principal Place of Business:

9035 SW 160TH TERRACE
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

9035 SW 160TH TERRACE
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 51-0653976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

LUCCHESI, VERIDIANA MS.
9035 SW 160TH TERRACE
PALMETTO BAY, FL 33157 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: VERIDIANA LUCCHESI

08/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUCCHESI, ANTONIO C
Address: 9035 SW 160TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: LUCCHESI, VERIDIANA
Address: 9035 SW 160TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

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: VERIDIANA LUCCHESI

MS.

08/21/2008

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