

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045867

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** PALMA BEST PROPERTIES LLC

**Current Principal Place of Business:**

100 S.E. 2ND STREET, SUITE 2900  
C/O SCOTT LEVINE  
MIAMI, FL 33131 SW

**New Principal Place of Business:**

**Current Mailing Address:**

100 S.E. 2ND STREET, SUITE 2900  
C/O SCOTT LEVINE  
MIAMI, FL 33131 SW

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET, SUITE 2900  
MIAMI, FL 33131 SW

**Name and Address of New Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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:

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRO-ADMINISTRA, INC.,  
Address: 8 AQUILINO DE LA GUARDIA STREET  
City-St-Zip: CITY OF PANAMA REP. OF PANAM, SW

**ADDITIONS/CHANGES:**

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: SCOTT LEVINE, AUTH.REP.OF MGR

AR

03/23/2009

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