

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045867

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** PALMA BEST PROPERTIES LLC

**Current Principal Place of Business:**

450 ALTON ROAD  
UNIT 902  
MIAMI BEACH, FL 33139 SW

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-3283258      **FEI Number Applied For ( )**      **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 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PRO-ADMINISTRA, INC.  
**Address:** 8 AQUILINO DE LA GUARDIA STREET  
**City-St-Zip:** CITY OF PANAMA REP.OF PANAMA, XX PANAMA SW

**Title:** MGRM  
**Name:** PALMA OVERSEAS, SA  
**Address:** E 53 ST, MARBELLA, SWISS BANK BLDG 2 FL  
**City-St-Zip:** CITY OF PANAMA REP.OF PANAMA, XX PANAMA

I hereby 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

AR

02/17/2012

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