

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080831

Entity Name: PALMILLA, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

1480 "C" AVENUE OF THE STARS
TRAILER P-15, EPCOT CENTER
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

1480 C AVENUE OF THE STARS
TRAILER P-15, EPCOT CENTER
LAKE BUENA VISTA, FL 32830

Current Mailing Address:

1480 "C" AVENUE OF THE STARS
TRAILER P-15, EPCOT CENTER
LAKE BUENA VISTA, FL 32830

New Mailing Address:

P.O. BOX 22136
LAKE BUENA VISTA, FL 32830

FEI Number: 26-3237658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBLER, RICHARD D
1480 "C" AVENUE OF THE STARS
TRAILER P-15, EPCOT CENTER
LAKE BUENA VISTA, FL 32830 US

Name and Address of New Registered Agent:

DEBLER, RICHARD D
1480 C AVENUE OF THE STARS
TRAILER P-15, EPCOT CENTER
LAKE BUENA VISTA, FL 32830 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:

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEBLER, RICHARD D
Address: 1480
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEBLER, RICHARD D
Address: 1480 C AVENUE OF THE STARS
City-St-Zip: LAKE BUENA VISTA, FL 32830

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: RICHARD D DEBLER

MGRM

03/10/2009

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