

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084397

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FLORIDA PALMS LEASING, LLC

**Current Principal Place of Business:**

9223 TARLETON CIRCLE  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

9223 TARLETON CIRCLE  
WEEKI WACHEE, FL 34613

**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:**

JAMES, PATRICK L  
9223 TARLETON CIRCLE  
WEEKI WACHEE, FL 34613 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: MGR ( ) Delete  
Name: JAMES, PATRICK L  
Address: 9223 TARLETON CIRCLE  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGR ( ) Delete  
Name: JAMES, LESLIE R  
Address: 9223 TARLETON CIRCLE  
City-St-Zip: WEEKI WACHEE, FL 34613

**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: PATRICK L. JAMES

MGR

03/23/2009

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