

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092201

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** PALM CITY EQUITY PARTNERS, LLC

**Current Principal Place of Business:**

2100 SE RAYS WAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE RAYS WAY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-3378493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, WILLIAM D JR.  
2897 SE OCEAN BLVD.  
STUART, FL 34996 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:** DALFO, CHRISTOPHER L  
**Address:** 4219 SE WHITCAR WAY  
**City-St-Zip:** STUART, FL 34997

**Title:** MGR  
**Name:** BOSWELL, WILLIAM  
**Address:** 901 MARTIN DOWNS BLVD., STE. 307  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGR  
**Name:** DESMAN, SCOTT  
**Address:** 1921 SW CRANE CREEK AVE  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGR  
**Name:** RITTER, ROBERT  
**Address:** 1817 SW CRANE CREEK AVE.  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGR  
**Name:** RGCN % ASSOC TTEE  
**Address:** 701 COLORADO AVE.  
**City-St-Zip:** STUART, FL 34994

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:** CHRISTOPHER DALFO

MGRM

02/22/2011

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