

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006251

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

**Entity Name:** PALM SQUARE APARTMENTS, LLC

**Current Principal Place of Business:**

901 JOHNS AVENUE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2135  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 27-4600612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, DONALD J  
901 JOHNS AVENUE  
HAINES CITY, FL 33844 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: P  
Name: MASON, DONALD J  
Address: 3480 ROE ROAD  
City-St-Zip: HAINES CITY, FL 33844

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: DONALD J. MASON

P

02/17/2012

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