2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L9500000101 1. Entity Name PALMETTO, L.C.								Secretary of State			
Principal Place of Business 2950 S. MCCALL RD. ENGLEWOOD FL 34224				Mailing Address PO BOX 3670 PLACIDA FL 33946					en detti delli	: water 1787; 28181 1188	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE	CR2E08	33 (11/03)	
City & State				City & State			4. FEI No	10 de la 10			olied For Applicable
Ζ ιρ	Country			Zıp	try		ate of Status Desired		\$5.00 Addit Fee Required		
6. Name and Address of Current Registered Agent							7. Name a	and Address of New Re	gistered	Agent	
KEATHLEY, KERRY H 8045 BAY POINTE DR. ENGLEWOOD FL 34224						Name Street Addr	ress (P.O. Box Number is Not Acceptable)				
						City	<u></u>	Zip Code			
	named entit tions of regis		t for the	e purpose of changing its	register	ed office or reg	gistered agent, or	both, in the State of Flo	nda. Lam	l familiar with, a	and accept
SIGNATURE											
	Signature, typod	or printed name of registered as	jent and ti	itle it applicable. (NOT	E Registeri	d Agent signature re	equired when reinstating)	DATE	 	
				•		FEE IS \$50.					
				Make Check Payab		orida Depar ay 1, 2004	tment of State				
				1	10.	ay 1, 2004		40000000	OULL DOE		
9.	LICENIA.	MANAGING MEMBERS/MANAGERS						ADDITIONS/	CHANGE	Change	Addition
TITLE NAME	MGRM Delete KEATHLEY, HAROLD L					E					∑ Accisiosi
STREET ADDRESS 8331 SE ROYAL ST.						EET ADDRESS		U00000040276 02/09/04-80040-018 50.00			
CITY-ST-ZIP HOBE SOUND FL 33455					CETY	-ST-ZIP		02/09/04-80040-018 50.00			-
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STREET ACCRESS	İ					EET ADDRESS					
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TITLE NAME				☐ Delete	TITL MAN	- 1				☐ Change	Addition Addition
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NAME					NAN	ŧ					
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TITLE	1			☐ Defete	7171			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				T Detete	NAM	ş				Print Clarific	
STREET AODRESS						EET ADDRESS					
CITY-ST-ZIP	1					(-ST-ZIP		*** *** ***			
11. I hereby indicated limited lia	certify that the d on this repo- ability compa	ne information supplied ort is true and accurate in only or the receiver or true.	with thi and the stee er	is filing does not qualify fo at my signature shall have impowered to execute this	or the exe the sam report a	emption stated te legal effect a s required by t	in Section 119.07 as if made under o Chapter 608, Flor	7(3)(i), Florida Statutes, l path; that I am a manaç ida Statutes.	. turther ce jing memi	artify that the in ber or manager	r of the

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