2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2005 08:00 AN Secretary of State

DOCUMENT # L9900001646 1. Entity Name PALMETTO PLACE ASSOCIATES, L.L.C.							·
•	e of Business 4TH AVENUE 33013	_		ddress IST 4TH AVENUE I, FL 33013	·	t (1882/1811) B.181 (1811) 1851/1 B.181/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/	ICCC WINCE WINDS TO INNO
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						01062005 No Chg-LLC CR2E083	(10/03)
DO NOT WRITE			IN T	HIS SPA	CE	4. FEI Number 65-0902049	Applied For Not Applicable
						E. Codificate of Status Desired 55	.00 Additional
	6. Name and Add	ress of Current R	egistered A	gent			required
	I, JOHN J SR. T 4TH AVENUE			DO NOT WRITE			
HIALEAH, FL 33013						IN THIS SPACE	
	. <u>1—11—1—1</u>	, 55 <u>-a</u> w an	·.	<u> </u>		A THE CONTRACT OF THE CONTRACT	, , <u></u>
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50.00 Due by May 1, 2005						00000346143 04/30/05-80064-00	06 55.00
9. TITLE	MGR MAI	Naging Member	S/MANAGE	RS			
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CITY+ST-ZIP TITLE	HIALEAH, FL 330				1		
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11. I hereby o	certify that the informat	ion supplied with t	his filing doe	s not qualify for the exe	mption stated in Sec	ction 119.07(3)(i), Florida Statutes, I further certify	that the information
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is rule and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trugger employered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Descripte Phone #							