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2006 LIMITED LIABILITY COMPANY

	dr.	ANNUAL	. KEPUKI		_			
DOCUMENT # L9900001646								
1. Entity Name PALMETTO PLACE ASSOCIATES, L			.L.C.			FILED		
				WI THE		06 APR 1	9 AN 8:50	
Principal Place of Business 2200 EAST 4TH AVENUE			Mailing Address 2200 EAST 4TH AVENUE					
HIALEAH, FL 33013		HIALEAH, FL 33013			TALLAHAS	STE, PLONIDA	ı	
2. Principal P	Place of Busines	 SS	3. Mailing Address					
		P D Box 158 Suite, Apt. #, etc.			IMITA JUILL WWYLL WWITH WWITH	I MENTA O MENT INDIA MINI BINI	L BULBUR III TABI	
Suite, Apt. #, etc.				03242006	Chg-LLC	CR2E083 (11/0	<u> </u>	
City & State *		Hialeah FL		4. FEI Number 65-0902			Applied For Not Applicable	
Zip	-	Country	^{Zip} 33011	Country U.S.A	5. Certificate of	of Status Desired	\$5.00 A	
	6. Name a	nd Address of Current	Registered Agent	Name	7. Name and	Address of New Re	egistered Agent	
BRUNETTI, JOHN J SR					a (B.O. Boy Numbo	ria Not Acceptable	١	
2200 EAST 4TH AVENUE HIALEAH, FL 33013			Street Ad		s (P.O. Box Number is Not Acceptable)			
				City			□ Zip C	ode
8. The above	e named entity s	submits this statement for	or the purpose of changing its re	, i	tered agent, or both	, in the State of Flo	FL	
the obligat	tions of register	ed agent.			•			
CICMATURE								
SIGNATURE	Signature, typed or	printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)		DATE	
		printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	Make	DATE check payable to	<u> </u>
Fi	Signature, typed or illing Fee is ue by May	\$50.00	t and title if applicable. (NOTE: F	egislered Agent signature requi	ired when reinstating)			
9.	iling Fee is ue by May	\$50.00	ERS/MANAGERS	10.	ired when reinstating)		e check payable to Department of St	ate
Fi D	iling Fee is ue by May	\$50.00 1, 2006			ired when reinstating)	Florida	e check payable to Department of St	ate
9.	MGR BRUNETTI, 2200 EAST	\$50.00 1, 2006 MANAGING MEMB JOHN J SR. 4TH AVENUE	ERS/MANAGERS	10. TITLE	ired when reinstating)	Florida	e check payable to Department of St	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	iling Fee is tue by May MGR BRUNETTI	\$50.00 1, 2006 MANAGING MEMB JOHN J SR. 4TH AVENUE	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ired when reinstating)	Florida	e check payable to Department of St	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNETTI, 2200 EAST	\$50.00 1, 2006 MANAGING MEMB JOHN J SR. 4TH AVENUE	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating)	Florida	e check payable to Department of St CHANGES	e Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #