

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000004964

1. Entity Name
PALM BEACH RESORT DEVELOPMENT GROUP, L.L.C.



Principal Place of Business
3015 NO. OCEAN BOULEVARD
SUITE 121
FORT LAUDERDALE, FL 33308

Mailing Address
3015 NO. OCEAN BOULEVARD
SUITE 121
FORT LAUDERDALE, FL 33308



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 NO. OCEAN BOULEVARD
SUITE 121
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FOSTER, REBECCA A
STREET ADDRESS 3015 NO. OCEAN BOULEVARD, SUITE 121
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR
NAME LANDAU, MARC
STREET ADDRESS 3015 NO. OCEAN BOULEVARD, SUITE 121
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000898478
04/25/08-80090-004 288.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.9.08 954.5374765