

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90188 022 \*\*\*138.75

60041864



<b>DOCUMENT # M06000005411</b> 1. Entity Name PALMETTO LAKE CITY OPERATING LLC																													
Principal Place of Business 1055 NE 125TH STREET NORTH MIAMI, FL 33161			Mailing Address 1055 NE 125TH STREET NORTH MIAMI, FL 33161																										
2. Principal Place of Business - No P.O. Box # 10800 Biscayne Blvd Suite Apt. #, etc. Suite 600			3. Mailing Address Suite Apt. #, etc. Same																										
City & State N. Miami FL			City & State Same																										
Zip 33161		Country		4. FEI Number 20-5423653																									
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  BERNSTEIN, MICHAEL 1688 MERIDIAN AVE STE 418 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Michael Greenwald Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd Suite 600 City N. Miami FL Zip Code 33161																										
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/14/08																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KLEIN, AVI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1055 NE 125TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH MIAMI, FL 33161</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	KLEIN, AVI		STREET ADDRESS	1055 NE 125TH STREET		CITY - ST - ZIP	NORTH MIAMI, FL 33161		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">10800 Biscayne Blvd</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Suite 600</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>N. Miami, FL 33161</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	10800 Biscayne Blvd	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Suite 600		STREET ADDRESS	N. Miami, FL 33161		CITY - ST - ZIP		
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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:  DATE 4/14/08 DAYTIME PHONE # 305-864-9191																													