

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-16-2008 90188 018 \*\*\*138.75

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<b>DOCUMENT # M06000005413</b> 1. Entity Name <b>PALMETTO ST. GEORGE OPERATING LLC</b>					
Principal Place of Business <b>1055 NE 125TH STREET NORTH MIAMI, FL 33161</b>			Mailing Address <b>1055 NE 125TH STREET NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business - No P.O. Box # <b>10800 Biscayne Blvd</b>				B. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Suite 600</b>		Suite, Apt. #, etc. <b>Same</b>		04152008 Chg-LLC CR2E083 (12/06)	
City & State <b>N. Miami, FL</b>		City & State <b>Same</b>		4. FEI Number <b>20-5424699</b>	
Zip <b>33161</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERNSTEIN, MICHAEL MR 1688 MERIDIAN AVE STE 418 MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name <b>Michael Greenwald</b> Street Address (P.O. Box Number is Not Acceptable) <b>10800 Biscayne Blvd</b> Suite <b>600</b> City <b>N. Miami</b> <b>FL</b> <b>33161</b>	
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  DATE <b>4/14/08</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KLEIN, AVI 1055 NE 125TH STREET NORTH MIAMI, FL 33161</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10800 Biscayne Blvd Suite 600 N. Miami, FL 33161</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			4/14/08 305-864-9191		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		