


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-16-2008 90188 023 ***138.75

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DOCUMENT # M06000005417			
1. Entity Name PALMETTO JOLLEY ACRES 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 # <i>10800 Biscayne Blvd</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc. <i>600</i>		Suite, Apt. #, etc. <i>same</i>	
City & State <i>N. Miami, FL</i>		City & State <i>same</i>	
Zip <i>33161</i>	Country	Zip	Country
4. FEI Number 20-5423484		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 <i>Michael Greenwald</i> Street Address (P.O. Box Number is Not Acceptable) <i>10800 Biscayne Blvd</i> <i>Suite 600</i> City <i>N. Miami</i> FL Zip Code <i>33161</i>	
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 <i>[Signature]</i>		DATE <i>4/14/08</i>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLEIN, AVI 1055 NE 125TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10800 Biscayne Blvd.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Suite 600</i> <i>N. Miami, FL 33161</i>
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
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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: <i>[Signature]</i>		DATE <i>4/14/08</i> 305-864-9191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	