

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000 290

1. Entity Name

PALMER FAMILY LLC

FILED

01 APR 25 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2440 ARABIAN TRAIL

2440 ARABIAN TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

4. FEI Number

593637446

Applied For

Not Applicable

Zip

32174-2550

Country

US

Zip

32174-2550

Country

US

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ROBERT S. PALMER

Street Address (P.O. Box Number is Not Acceptable)
2440 ARABIAN TRAIL

City ORMOND BEACH

FL

Zip Code 32174

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.

SIGNATURE

Robert S. Palmer

ROBERT S. PALMER MANAGING MEMBER 4/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME MANAGING MEMBER
STREET ADDRESS ROBERT S. PALMER
CITY-ST-ZIP 2440 ARABIAN TRAIL
ORMOND BEACH FL 32174

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS 100004163541--7
CITY-ST-ZIP -05/08/01--01135--025
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert S. Palmer

ROBERT S. PALMER MANAGING MEMBER 4/20/01 904 671 1572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)