


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001375		
1. Entity Name PALM BEACH HOMEBUYERS, LLC		
Principal Place of Business 528 N. FLORIDA AVE DELAND, FL 32720	Mailing Address 528 N. FLORIDA AVE DELAND, FL 32720	
DO NOT WRITE IN THIS SPACE		



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1053623	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 BUROZSKI, ROBERT P 528 N. FLORIDA AVE DELAND, FL 32720	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BUROZSKI, ROBERT P 528 N. FLORIDA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT OLSON, LINDA K 528 N. FLORIDA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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L000000109293
 04/12/04-80037-024 50.00

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 606, Florida Statutes.

SIGNATURE: *Linda K. Olson* LINDA K. OLSON Vice Pres, Treas 4/7/04 386 785-0446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #