


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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



04252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1053623	Applied For 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

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
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04/27/05-80117-009 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)(f), 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 P. Burozski, VT* Date: *4/27/2005* Daytime Phone #: *386-785-0446*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE