


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 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
---	---



04072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000838830
04/22/08-80024-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PS
NAME	BUROZSKI, ROBERT P
STREET ADDRESS	528 N. FLORIDA AVE
CITY - ST - ZIP	DELAND, FL 32720
TITLE	VT
NAME	OLSON, LINDA K
STREET ADDRESS	528 N. FLORIDA AVE
CITY - ST - ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: *[Handwritten Signature]* *[Handwritten Name]* *[Handwritten Date]* *[Handwritten Phone]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #