

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90048 012 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L00000006014**

1. Entity Name
ROBERT PALMER LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2440 ARABIAN TRAIL
 Suite, Apt. #, etc.

3. Mailing Address
2440 ARABIAN TRAIL
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO BEACH FL

City & State
ORLANDO BEACH FL

4. FEI Number
593644366

Applied For
 Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT PALMER

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

City
ORLANDO 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. 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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ROBERT PALMER 2440 ARABIAN TRAIL ORLANDO BEACH FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANCES PALMER 2440 ARABIAN TRAIL ORLANDO BEACH FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

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 Palmer** **ROBERT PALMER** **3/24/03** **386 671 1572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #