


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2/2/04

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-02-2004 90206 038 *****50.00

DOCUMENT # L01000013181 1. Entity Name PALMER STREET PROPERTIES, L.L.C.	
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Principal Place of Business 8651 COMMODITY CIRCLE ORLANDO, FL 32819	Mailing Address 8651 COMMODITY CIRCLE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE

01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3741155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LINER, LAWRENCE 8651 COMMODITY CIRCLE ORLANDO, FL 32819	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM LINER, LAWRENCE 8651 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINER, ROBYAN 8651 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: *Robyns Liner*

2-10-04 *407-351-2500*

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

Date

Daytime Phone