· 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 02, 2005 08:00	
DOCUMENT # L01000013181				Secretar	y of Stat
1. Entity Name PALMER STREET PROPERTIES, L.L.C.					
ALIVILIA	OTTLET I NOT EXTILO, E.D				
Principal Plac	te of Business	Mailing Address	<u> </u>		
8651 COMMODITY CIRCLE 8651 COMMODITY CIRCLE ORLANDO, FL 32819 ORLANDO, FL 32819				•	
I ONLANDO, F	C 32013	ONDARDO, IL 32013) (FRIINIT SII NETER (INT) FRIII PATTI NETE BATER INNE THAT IN	rsi iBtali ilaast ()i lasi
DO NOT WRITE IN THIS SPA					
			^E	01192005No Chg-LLC	(10/0 3)
			UE.	4. FEI Number 59-3741155	Applied For Not Applicable
		**			00 Additional
	6. Name and Address of Current R	ncietavad Acost		Fee	Required
		agistered Agent			
LINER, LAWRENCE 8651 COMMODITY CIRCLE				DO NOT WRITE	
ORLANDO, FL 32819				IN THIS SPACE	
			IIV IIIIG OI ACL		
				The second	
	a named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am famili	ar with, and accept
SIGNATURE.	, <u></u> ,				
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Registere	d Agent signature required	d when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2005			//00000284966 04/02/05-80026-008 50.00		
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME	MGRM LINER, LAWRENCE				
STREET ADDRESS	8651 COMMODITY CIRCLE	 → mode → mode 			
CITY-ST-ZIP	ORLANDO, FL 32819				
TITLE NAME	MGRM LINER, ROBYAN			-	
STREET ADDRESS	8651 COMMODITY CIRCLE		ŧ		
CITY-ST-ZIP	ORLANDO, FL 32819				
TITLE NAME			1		
STREET ADDRESS			ŧ	DO NOT WRITE	
CITY-ST-ZIP		<u></u>			
NAME	[1	IN THIS SPACE	
STREET ADDRESS			ŧ		
CITY-ST-ZIP					
NAME	[1		
SYREET ADDRESS CITY-ST-ZIP		,	[
TITLE				ا ما المحمد المع نات و المس اورة المواريق <u>الم</u> ارية المارية ا	
NAME	,				

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

3-31-05

407-351-2500

Daytime Phone #