2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000023854

1. Entity Name
PALMER DIVIDE INVESTMENTS LLC

Principal Place of Business	Mailing Address
241STERLING ROSE CT APOPKA, FL 32703	241STERLING ROSE CT APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
84-1530789
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLIBON, RANDY
241 STERLING ROSE
APOPKA, FL 32703

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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: Randy Clibon — Randy Clibon — 3/20/06
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, 2006

U00000515528
04/29/06-80212-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CLIBON, RANDY
STREET ADDRESS	241STERLING ROSE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	CLIBON, DEBRA
STREET ADDRESS	241 STERLING ROSE CT
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	CLIBON, MATTHEW
STREET ADDRESS	241 STERLING ROSE CT
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Randy Clibon — 3/20/06 — 321-299-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #