2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 08, 2006 8:00 am Secretary of State 08-08-2006 90033 043 ****50.00

DOCUMENT # L0400065731 1. Entity Name PALMER'S 4 STAR HOMES, LLC			SELATE SE		08-08-2006 90033 043 ****50.00				
Principal Place of Business 6612 KINGSPOINTE PARKWAY ORLANDO, FL 32819		Mailing Address 6612 KINGSPOINTE PARKWAY ORLANDO, FL 32819		20051858					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numbe 57-121				oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current R	legistered Agent		Nama	7. Name and	Address of New R	legistered A	Agent	
PALMER :	SHAWN A			Name					
PALMER, SHAWN A 6612 KINGSPOINTE PARKWAY ORLANDO, FL 32819		Street Address ((P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
8. The above	named entity submits this statement for ons of registered agent.	egistered o	office or register	ed agent, or bot	h, in the State of Flo		familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an								
	Signature, typed or printed name or registered agent an	d title if applicable. (NOTE:	Registered Age	gent signature required	when reinstating)		DATE		
Fili	ing Fee is \$50.00 by September 6, 2006	d title if applicable. (NOTE:	Registered Agr	gent signature required	when reinstating)		e check pa	ayable to ent of State	e
Fili	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBER		Registered Age	gent signature required	when reinstating)		e check pa a Departmo	ent of State	e
Fili Due b	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBER MGRM		10.	gent signature required	when reinstating)	Florida	e check pa a Departmo	ent of State	e Addition
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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: Kym Yalman
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date