2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065731

1. Entity Name
PALMER'S 4 STAR HOMES, LLC

Principal Place of Business	Mailing Address
6612 KINGSPOINTE PARKWAY ORLANDO, FL 32819	6612 KINGSPOINTE PARKWAY ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

FILED

07 AUG 16 PH 1: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08132007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-1211372	Not Applicable

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

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6. Name and Address of Current Registered Agent

PALMER, SHAWN A
6612 KINGSPOINTE PARKWAY
ORLANDO, FL 32819

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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 September 14, 2007**

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09/28/07--01083--006   **200.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PALMER, SHAWN A	
STREET ADDRESS	6612 KINGSPOINTE PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	MGRM	
NAME	PALMER, RYAN R	
STREET ADDRESS	6612 KINGSPOINTE PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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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: _Ryan Palmer_   8/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #