
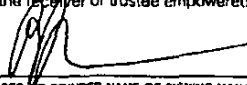


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90022 038 \*\*\*138.75

<b>DOCUMENT # L07000053354</b> 1. Entity Name <b>PALM STATE REALTY, LLC</b>					
Principal Place of Business 127 STONE HILL DR. MAITLAND FL 32751			Mailing Address 127 STONE HILL DR. MAITLAND FL 32751		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>61-1530332</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LISS, RONALD J</b> <b>127 STONE HILL DR.</b> <b>MAITLAND FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer applicable (NOTE: Registered Agent signature required when re-issuing)</small>					
<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>					
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MGRM	LISS, RONALD J	127 STONE HILL DR. MAITLAND FL 32751		
	MGRM	HUBSCHMAN, MICHAEL	825 N. GRANDVIEW AVE. DAYTONA BEACH FL 32118		
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:  <b>Ronald J. Liss</b> 7-29-08 407-592-7986 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					