

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

FILED
Apr 03, 2008 8:00 am
Secretary of State

03-12-2008 90240 021 ***138.75

DOCUMENT # L07000096001					
1. Entity Name PALMER FUNDS LLC					
Principal Place of Business 8709 BALLY BUNION ROAD PORT ST LUCIE, FL 34986			Mailing Address 8709 BALLY BUNION ROAD PORT ST LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1301899				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNDON, BIRAN C 8418 S US HWY 1 LAKES PLAZA PORT ST LUCIE, FL 34952			Name Street Address (P.O. Box Number is Not Acceptable) 1971 SE Port St Lucie Blvd. City <u>Port St Lucie</u> FL Zip Code <u>34952</u>		
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: <u>[Signature]</u>			DATE: <u>2-21-08</u>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALMER, CARL 8709 BALLY BUNION RD PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALMER, KATHRYN 8709 BALLY BUNION RD PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Carl B Palmer</u>			DATE: <u>3-4-08</u>		