2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PH

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # L0000004390 1. Entity Name 02-15-2006 90134 047 ****55.00 PAVI, L.L.C. Principal Place of Business Mailing Address 3776 N.W. 9TH STREET 3776 N.W. 9TH STREET **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAVIA, ALFRED Street Address (P.O. Box Number is Not Acceptable) 3776 N.W. 9TH STREET DELRAY BEACH FL 33445 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. Signature, type it or printed name of registered agent and title a applicable (NOTE, Registered Agent signature required when teinstating) DATE **1**, 32 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change Addition NAME NAME PAVIA, ALFRED STREET ADDRESS 3776 N.W. 9TH STREET STREET ADDRESS CITY-SI-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP . 🔲 Change TITLE MGR ☐ Defete ☐ Addition PAVIA, LYNN STREET ADDRESS 3776 N.W. 9TH STREET STREET ADDRESS CUY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-7IP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED