## 2005 LIMITED LIABILITY COMPANY

## Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L00000011134 04-27-2005 90040 042 \*\*\*\*50.00 THE PAL HOLDINGS GROUP, LLC Principal Place of Business Mailing Address 3556 BISCAYNE BLVD 3556 BISCAYNE BLVD **STE 402** STE 402 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) # 40W City & State City & State 4. FEI Number Applied For 65-1040387 Not Applicable 7in Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, BONNIE CPA Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD **STE 384** HOLLYWOOD, FL 33024 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to -Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE TITLE Change ☐ Addition ☐ Detete KERZNER, PAUL NAME 3550 BISCAYNE BLVD #402 STREET ADDRESS #400 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP MGR Change TITLE Delete TITLE Addition MELTZER, ANDREA NAME NAME 3550 BISCAYNE BLVD #402 STREET ADDRESS STREET ADDRESS #400 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33137 MGR TITLE ☐ Addition TITLE ☐ Delete NAME MELTZER, MOUIS STREET ADDRESS STREET ADORESS 3550 BISCAYNE BLVD #402 #400 CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Addition BARBAGALLO, GREGG NAME NAME #40Y 3550 BISCAYNE BLVD #402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-71P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #