

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001401

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** PAUL REVERE DISTRIBUTION GROUP, LLC

**Current Principal Place of Business:**

4333 SILVER STAR RD  
185  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4333 SILVER STAR RD  
185  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 65-1087204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVID J. HARDY  
407 BELVOIR DR.  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PCEO ( ) Delete  
Name: SCHENA, BOB  
Address: 241 NEW HAVEN BLVD  
City-St-Zip: JUPITER, FL 33458

Title: V.P. ( ) Delete  
Name: SCHENA, DEREK  
Address: 373 LAKE DAWSON  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete  
Name: HARDY, DAVID  
Address: 407 BELVOIR DR  
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Delete  
Name: PATZKE, CHARLES  
Address: 3022 CHAMBERLAIN ST.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOB SCHENA

PCEO

01/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date