

FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90058 049 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000002523**

1. Entity Name
PMT PATTERNS LLC

Principal Place of Business Mailing Address
1106 SKYLARK DRIVE 1106 SKYLARK DRIVE
WESTON FL 33327 WESTON FL 33327

16830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1106 Skylark Drive 1106 Skylark Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Weston FL Weston FL
Zip Zip Country Country
33327 USA 33327 USA

4. FEI Number Applied For
52-2305247 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVANYI, PATRICIA M
1106 SKYLARK DRIVE
WESTON FL 33327

Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managed PATRICIA IVANYI 1106 Skylark Drive Weston, FL 33327	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
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
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 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: **Patricia Ivanyi** SIGNATURE REQUIRED Date: **9/31/02** Daytime Phone: **934-349-8460**

CR2E089 (9/01)