

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013212

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: PA GROUP LLC

**Current Principal Place of Business:**

455 WEST WARREN AVE.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

455 WEST WARREN AVE.  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-3741593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ARNOLD MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE., SUITE 201  
ORLANDO, FL 32802 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PA REALTY LLC,  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM ( ) Delete  
Name: DREW MEDICAL, INC.,  
Address: 7208 SAND LAKE RD, SUITE 300  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES:**

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 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 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: DENNIS J BUHRING

MGR

01/20/2004

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