

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013212

Entity Name: PA GROUP LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

455 WEST WARREN AVE.
LONGWOOD, FL 32750

New Principal Place of Business:

550 E. STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

455 WEST WARREN AVE.
LONGWOOD, FL 32750

New Mailing Address:

550 E. STATE ROAD 434
LONGWOOD, FL 32750

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.
605 E. ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: MGR () Delete
Name: DENNIS J. BUHRING
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: MIKE DINKEL,
Address: 7208 SAND LAKE RD, SUITE 300
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DENNIS J. BUHRING,
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR (X) Change () Addition
Name: MIKE DINKEL,
Address: 9582 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761 US

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: DENNIS J. BUHRING

MGRM

04/22/2008

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