

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013259

FILED
Jan 20, 2004
Secretary of State

Entity Name: PA REALTY 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: 59-3738718

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: MGR () Delete
Name: BOWLES, ROBERT MD
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: BUHRING, DENNIS J
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: BOUGOULIAS, MICHAEL MD
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: PELTESON, HOWARD MD
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: POPAT, VIPIN MD
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

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:

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: ROBERT BOWLES, M.D.

MGR

01/20/2004

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