FILED
May 12, 2003 8:00 am
Secretary of State
04-18-2003 90078 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # L02000006006

1. Entity Name
PAMPA LLC

44001479

Principal Place of Business	Mailing Address
5117 CASTELLO DRIVE SUITE 2 NAPLES FL 34103	5117 CASTELLO DRIVE SUITE 2 NAPLES FL 34103

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5667 Naples Blvd	5667 Naples Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109 Country:	Zip: 34109 Country:

4. FEI Number 11-3649395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL A. MURRAY, P.A.
5117 CASTELLO DRIVE
SUITE 2
NAPLES, FL FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5667 Naples Blvd.
City Naples FL Zip Code 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] for PAUL A Murray, P.A. April 8, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Paul A. Murray 5667 Naples Blvd Naples, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ ~~Diane C. Murray~~ ~~c/o 5667 Naples Blvd~~ ~~Naples, FL 34109~~	☒ Delete omit (PAM)	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] Paul A. Murray April 8, 2003 (239) 596-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

The Law Office of
PAUL A. MURRAY, P.A.
5667 Naples Boulevard
Naples, Florida 34109

Paul A. Murray*
*admitted in Florida, Michigan and the U.S. Supreme Court

Telephone (239) 596-7600
Facsimile (239) 596-7603

44001479
#L02000006006

May 8, 2003

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, Florida 32314

Re: PAMPA LLC
Reference # L02000006006

Dear Annual Reports Section:

Please be advised that I am in receipt of your letter dated April 23, 2003 with regard to the above referenced matter. The additional information and corrections requested have been made to the UBR form and is enclosed.

Thank you.

Very truly yours,
Paul A. Murray, P.A.

Stephanie J. Nyce
Paralegal

SJN/

Enclosures As Noted