

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015423

Entity Name: PA46, LLC

**FILED**  
**Jul 08, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 506  
GULF BREEZE, FL 32562

**New Principal Place of Business:**

2 FAIRPOINT PL  
GULF BREEZE, FL 32561

**Current Mailing Address:**

PO BOX 506  
GULF BREEZE, FL 32562

**New Mailing Address:**

2 FAIRPOINT PL  
GULF BREEZE, FL 32561

FEI Number: 75-3067847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAMANTHA MARKEY, TRUSTEE FOR PM HOLDINGS  
22 VIA DE LUNA  
1703  
PENSACOLA BEACH, FL 32561 US

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

FOLKERS, THOMAS G  
2 FAIRPOINT PL  
GULF BREEZE, FL 32561 US

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: THOMAS G. FOLKERS

07/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PM HOLDINGS,  
Address: PO BOX 942  
City-St-Zip: GULF BREEZE, FL 32562 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ADAMS, BRYAN MGRM  
Address: PO BOX 714  
City-St-Zip: GULF BREEZE, FL 32562 US

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: BRYAN ADAMS

MGRM

07/08/2004

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