

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015423

Entity Name: PA46, LLC

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

2 FAIRPOINT PL  
GULF BREEZE, FL 32561

## New Principal Place of Business:

## Current Mailing Address:

2 FAIRPOINT PL  
GULF BREEZE, FL 32561

## New Mailing Address:

FEI Number: 75-3067847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOLKERS, THOMAS G  
2 FAIRPOINT PL  
GULF BREEZE, FL 32561 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: MGRM ( ) Delete  
Name: ADAMS, BRYAN MGRM  
Address: PO BOX 714  
City-St-Zip: GULF BREEZE, FL 32562 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FOLKERS, THOMAS G MGRM  
Address: 2 FAIRPOINT PLACE  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM ( ) Change (X) Addition  
Name: JOHN, BREWER MGRM  
Address: 4675 FRANCISCO DR.  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS G. FOLKERS

MGRM

04/21/2006

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