

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002485**

1. Entity Name  
**PAVE PROMOTIONS LLC**



Principal Place of Business

**2098 NW 30TH ROAD  
BOCA RATON, FL 33431**

Mailing Address

**2700 N. MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431**



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4232946**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VERGARA, MANUEL  
2098 NW 30TH ROAD  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VERGARA, MANUEL
STREET ADDRESS	2098 NW 30TH ROAD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	SEA LAUREL, INC.
STREET ADDRESS	2700 N. MILITARY TRAIL SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	FUENTES, HECTOR
STREET ADDRESS	2098 NW 30TH ROAD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000223354  
02/10/05-80042-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Ed Perez 2/7/05 (561) 241-8036**

Date

Daytime Phone #