

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000003740

1. Entity Name
PAG PARTNERS, LLC



Principal Place of Business
4301 ANCHOR PLAZA PARKWAY
SUITE 400
TAMPA, FL 33634

Mailing Address
4301 ANCHOR PLAZA PARKWAY
SUITE 400
TAMPA, FL 33634



03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0583319

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, ARTHUR H
1901 BROKEN ARROW TRAIL
LAKELAND, FL 33813

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000752805
05/21/07-80030-012 55.00

9 MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ERICKSON, ARTHUR H
STREET ADDRESS 1901 BROKEN ARROW TRAIL
CITY-ST-ZIP LAKELAND, FL 33813

TITLE M
NAME VARSAMES, LOUIS J
STREET ADDRESS 4301 ANCHOR PLAZA PKWY, STE 400
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #