## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Feb 14, 2006 08:00 AM Secretary of State DOCUMENT # L03000011007 1. Entity Name PACÉ FAMILY ENTERTAINMENT CENTER, LLC Principal Place of Business Malling Address 3721 HWY 90 2101 BARRANCAS MILTON, FL 32571 PENSACOLA, FL 32501 02082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 65-1173882 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOFTIN, JOE M DO NOT WRITE 2101 BARRANCAS PENSACOLA, FL 32501 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 dde if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS g. TITLE MGRM LOFTIN, JOE M. NAME 2101 BARRANCAS STREET ADDRESS CfTY-ST-2/P PENSACOLA, FL 32501 TITLE NAME U000000433591 STREET ADDRESS 02/24/06-80024-008 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TYTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 609, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Date

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