

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026221

FILED
Mar 28, 2007
Secretary of State

Entity Name: PAR ENTERPRISES OF FLORIDA, LLC

Current Principal Place of Business:

1024 HANOVER LANE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

1024 HANOVER LANE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 01-0788973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, SHIRLEY
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

PRINCE, DEREK
1024 HANOVER LANE
ST AUGUSTINE, FL 32095 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: DEREK PRINCE

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCOMAS, FRANK
Address: 209 PLANTATION CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: PRINCE, DEREK
Address: 1024 HANOVER LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR (X) Delete
Name: SCHONOVER, BRIAN
Address: 13962 IBIS POINT BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEREK PRINCE

MGR

03/28/2007

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