

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026745

1. Entity Name
PAR FINANCIAL MANAGEMENT, LLC



Principal Place of Business
848 ISLAND WAY
CLEARWATER, FL 33767-1825

Mailing Address
848 ISLAND WAY
CLEARWATER, FL 33767-1825



07152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0161613

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, THOMAS A
848 ISLAND WAY
CLEARWATER, FL 33767-1825

**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

7/18/05

Filing Fee is \$50.00
Due by September 7, 2005

U00000373902
07/21/05-80004-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JENKINS, THOMAS A
848 ISLAND WAY
CLEARWATER, FL 337671825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JENKINS, PATRICIA A
848 ISLAND WAY
CLEARWATER, FL 337671825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 119.07(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

Date

Daytime Phone #

7/18/05