

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029663

Entity Name: P.A.W., LLC

FILED  
Mar 12, 2005  
Secretary of State

**Current Principal Place of Business:**

533 SE SOUTHWOOD TRAIL  
STUART, FL 34997

**New Principal Place of Business:**

12819 OLD INDIANTOWN RD.  
JUPITER, FL 33478

**Current Mailing Address:**

P.O. BOX 8157  
HOBE SOUND, FL 33475 US

**New Mailing Address:**

12819 OLD INDIANTOWN RD  
JUPITER, FL 33478 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUYARD, MICHAEL R  
1897 PALM BEACH LAKES BLVD  
SUITE 219  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PHILIP, REICH  
Address: 533 SE SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: MARIA, REICH  
Address: 533 SE SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILIP, REICH  
Address: 12819 OLD INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33478

Title: MGRM (X) Change ( ) Addition  
Name: MARIA, REICH  
Address: 12819 OLD INDIANTOWN RD.  
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA REICH

MGRM

03/12/2005

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