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Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90164 041 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030902

1. Entity Name
PAP, LLC

20060360

Principal Place of Business	Mailing Address
4131 BRIGHTON DR. PENSACOLA, FL 32504	4131 BRIGHTON DR. PENSACOLA, FL 32504

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
975 Royce St.	975 Royce St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32503 Country: Escambia	Zip: 32503 Country: Escambia

4. FEI Number: 20-0161509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DAVID E
501 COMMENDENCIA ST.
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	KOTLARTZ, JACK		NAME	Kotlarz, Jack	
STREET ADDRESS	4131 BRIGHTON DR.		STREET ADDRESS	975 Royce St.	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #