


**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90750 041 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000034941</b>			
1. Entity Name <b>PANOR LLC</b>			
Principal Place of Business <b>473 PENINSULA DRIVE FT. PIERCE, FL 34946 US</b>		Mailing Address <b>473 PENINSULA DRIVE FT. PIERCE, FL 34946 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>FORTIER, NORMAN J JR.</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>473 PENINSULA DRIVE</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>FT. PIERCE, FL 34946</b>		City <b>FL</b> 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 reappointing.) DATE: _____			
Filing Fee is \$60.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FORTIER, NORMAN J JR. 473 PENINSULA DRIVE FT. PIERCE, FL 34946</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FORTIER, PAULINE R 473 PENINSULA DRIVE FT. PIERCE, FL 34946</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Pauline R. Fortier, Managing Member</i>		Date: <i>May 28th 2004</i> 772-468-9448	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

34008581



05272004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**55-0845875** Applied For  
Not Applicable

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

FL Zip Code

Filing Fee is \$60.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE: *Pauline R. Fortier, Managing Member* Date: *May 28th 2004* 772-468-9448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone