

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046322

FILED
May 20, 2004
Secretary of State

Entity Name: PACMEL ENTERPRISES, LLC

Current Principal Place of Business:

3448 GREEN PINE ROAD
YULEE, FL 32097 US

New Principal Place of Business:

96372 GREEN PINE ROAD
YULEE, FL 32097 US

Current Mailing Address:

3448 GREEN PINE ROAD
YULEE, FL 32097 US

New Mailing Address:

96372 GREEN PINE ROAD
YULEE, FL 32097 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUDA, PAMELA T
3448 GREEN PINE ROAD
YULEE, FL 32097 US

Name and Address of New Registered Agent:

BRAUDA, PAMELA T
96372 GREEN PINE ROAD
YULEE, FL 32097 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: PAMELA T. BRAUDA

05/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRAUDA, JOHN L
Address: 3448 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

Title: MGRM () Delete
Name: BRAUDA, PAMELA T
Address: 3448 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAUDA, JOHN L
Address: 96372 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

Title: MGRM (X) Change () Addition
Name: BRAUDA, PAMELA T
Address: 96372 GREEN PINE ROAD
City-St-Zip: YULEE, FL 32097 US

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: PAMELA T. BRAUDA

MGRM

05/20/2004

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