2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90199 015 ****50.00

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1. Entity Name
PABEK REALTY, L.L.C.

Principal Place of Business	Mailing Address
124 INLETS BLVD. NOKOMIS, FL 34275	124 INLETS BLVD. NOKOMIS, FL 34275

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01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
727 Eagle Pt. Dr.	727 Eagle Pt. Dr
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Venice, FL	City & State: Venice, FL
Zip: 34285 Country: —	Zip: 34285 Country: —

4. FEI Number: 20-1115264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEKKENHUIS, ANDREA C
124 INLETS BLVD.
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name: Bekkenhuis, Andrea C.
Street Address (P.O. Box Number is Not Acceptable): 727 Eagle Pt. Dr.
City: Venice FL Zip Code: 34285

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKKENHUIS, ANDREA C 124 INLETS BLVD. NOKOMIS, FL 34275 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bekkenhuis, Andrea C. 727 Eagle Pt. Dr Venice, FL 34285 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Andrea C. Bekkenhuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #