

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90094 004 \*\*\*\*50.00

<b>DOCUMENT # L04000008609</b>					
<b>1. Entity Name</b> <b>P &amp; M ENTERPRISES LLC</b>					
<b>Principal Place of Business</b> <b>37 MOCK ST</b> <b>ST. MARKS, FL 32355</b>			<b>Mailing Address</b> <b>P.O. BOX 64</b> <b>ST. MARKS, FL 32355</b>		
<b>2. Principal Place of Business</b> <b>8106 Felicia Lane</b> Suite, Apt. #, etc. <b>Tallahassee FLA</b> City & State		<b>3. Mailing Address</b> <b>128 Kathy Ann Dr</b> Suite, Apt. #, etc. <b>Crawfordville FLA</b> City & State			
Zip <b>32305</b>	Country <b>Leon</b>	Zip <b>32327</b>	Country <b>Wakulla.</b>		
<b>4. FEI Number</b> <b>266-57-1416</b>			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			<b>07232005 Chg-LLC CR2E083 (10/03)</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>MOORE, PATRICK</b> <b>37 MOCK ST</b> <b>ST. MARKS, FL 32355</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> <u>Patrick moore</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>8/21/05</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>MOORE, PATRICK</b> <input type="checkbox"/> Delete <b>64 MOCK ST</b> <b>ST. MARKS, FL 32355</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>mGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>moore Patrick</b> <b>128 Kathy Ann Dr</b> <b>Crawfordville FLA 32327</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete <b>MOORE, ANDREW</b> <b>8106 FELICIA LANE</b> <b>TALLAHASSEE, FL 32305</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete <b>CARNIVALE, KATRINA</b> <b>64 MOCK ST</b> <b>ST. MARKS, FL 32355</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>mGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carnivale Katrina</b> <b>128 Kathy Ann Dr</b> <b>Crawfordville, FLA 32327</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Patrick moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>8/21/05</u> <u>850 520-6722</u> <small>Date Daytime Phone #</small>		