


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90079 035 \*\*\*\*50.00

|   |  |         |   |  |  |
|---|--|---------|---|--|--|
| <b>DOCUMENT # L04000017670</b><br>1. Entity Name<br><b>PATSAN, LLC</b>  |  |         |   |   |  |
| Principal Place of Business<br><b>56 BRICE LANE<br/>PALM COAST FL 32137</b>   |  |         | Mailing Address<br><b>56 BRICE LANE<br/>PALM COAST FL 32137</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                       |  |  |
| City & State  |  |         | City & State  |  |  |
| Zip   |  | Country |   | 4. FEI Number<br><b>03-0538218</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6- Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI FL 33145</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when restate) DATE _____   |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1-2005</b>   |  |         |   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |         | <b>10. ADDITIONS / CHANGES</b>                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>CHRISTY, PATRICK</b><br><b>56 BRICE LANE</b><br><b>PALM COAST FL 32137</b> <input checked="" type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <b>MGR</b><br><b>Christy, Sandra</b><br><b>56 Brice Lane</b><br><b>Palm Coast, FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>CHRISTY, SANDRA</b><br><b>56 BRICE LANE</b><br><b>PALM COAST FL 32137</b> <input type="checkbox"/> Delete             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>CHRISTY, SANDRA</b><br><b>56 BRICE LANE</b><br><b>PALM COAST FL 32137</b> <input type="checkbox"/> Delete               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>CHRISTY, PATRICK</b><br><b>56 BRICE LANE</b><br><b>PALM COAST FL 32137</b> <input type="checkbox"/> Delete              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sandra C. Christy</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |         | Date <u>2/1/05</u> Daytime Phone # <u>386-445-2772</u>          |  |  |