

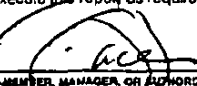
From:

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

5/ **Jul 05, 2005 8:00 am**
Secretary of State

05-02-2005 90128 047 ****50.00

DOCUMENT # L04000034873			
1. Entity Name PACE REALTY MANAGEMENT, LLC			
Principal Place of Business C/O PETER PACE, SR. 304 OCALA STREET VENICE, FL 34285		Mailing Address C/O PETER PACE, SR. 304 OCALA STREET VENICE, FL 34285	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3044465		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PACE, PETER SR 304 OCALA STREET VENICE, FL 34285		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 PACE, PETER SR 304 OCALA STREET VENICE, FL 34285 ☐ 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: PETER L. PACE 		4-26-05 516-496-3510 EXT 228	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	