

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041675

Entity Name: PASCO M & A, LLC

**FILED**  
**Jul 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

18302 HIGHWOODS PRESERVE PARKWAY, STE. 105  
TAMPA, FL 33647

**New Principal Place of Business:**

13367 N. 56TH STREET  
TAMPA, FL 33617

**Current Mailing Address:**

18302 HIGHWOODS PRESERVE PARKWAY, STE. 105  
TAMPA, FL 33647

**New Mailing Address:**

13367 N. 56TH STREET  
TAMPA, FL 33617

FEI Number: 20-1195890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WATERS, CODY W  
501 EAST KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

LAWSON, LARRY F  
13367 N. 56TH STREET  
TAMPA, FL 33617      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: LARRY LAWSON

07/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: LAWSON, LARRY F MR  
Address: 13367 N. 56TH STREET  
City-St-Zip: TAMPA, FL 33617

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: LARRY LAWSON

MBR

07/25/2005

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