


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90065 010 ****55.00

DOCUMENT # L04000045990 1. Entity Name PAVATI INTERNATIONAL, LLC					
Principal Place of Business 234 ACADIA TERRACE CELEBRATION, FL 34747			Mailing Address 234 ACADIA TERRACE CELEBRATION, FL 34747		
2. Principal Place of Business <i>234 Acadia Terr.</i>		3. Mailing Address <i>SALE</i>			
Suite, Apt. #, etc. <i>SALE</i>		Suite, Apt. #, etc. <i>SALE</i>			
City & State <i>Celebration FL</i>		City & State <i>SALE</i>		4. FEI Number 07122005 Chg-LLC CR2E083 (10/03)	
Zip 34747		Country USA		5. Certificate of Status Desired BS \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMPEL, ROBIN 234 ACADIA TERRACE CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEMPEL, ROBIN 234 ACADIA TERRACE CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>7/12/05</i> Daytime Phone # <i>407-242-7855</i>		