

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90067 019 ***150.00

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| DOCUMENT # L04000056864 | | | |  | |
| 1. Entity Name PAR PLUS ENTERPRISES LLC | | | | | |
| Principal Place of Business 2608 W AZEELE STREET SUITE 1 TAMPA, FL 33609 US | | | Mailing Address 2608 W AZEELE STREET SUITE 1 TAMPA, FL 33609 US | | |
| 2. Principal Place of Business - No P.O. Box # 7501 INTERBAY BLVD. Suite, Apt. #, etc. TAMPA FL. City & State 33616 Zip Country USA | | 3. Mailing Address 1739 HERMIT THRUSH CR. Suite, Apt. #, etc. Palm HARBOR City & State FLORIDA Zip 34683 Country USA | |  | |
| 4. FEI Number 20-0577790 | | 04242007 Chg-LLC CR2E083 (12/06) | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HELM, JOHN E 2608 W. AZEELE STREET SUITE 1 TAMPA, FL 33609 | | | 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 <u>John E Helm</u> JOHN E HELM <u>MANAGER</u> <u>4-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HELM, JOHN E 2608 W. AZEELE STREET #1 TAMPA, FL 33609 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 exemptions contained in Chapter 119, 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>John E Helm</u> JOHN E. HELM | | | 42507 813-831-8500 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |