2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000060541 1. Entity Name PAT-DEE, LLC Principal Place of Business Mailing Address **873 THE MASTERS BOULEVARD** 873 THE MASTERS BOULEVARD

FILED May 02, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

MANAGING MEMPEDS (MANAGEDS

SHALIMAR, FL 32579

04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1531659

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C 4 ELEVENTH AVENUE STE. ONE SHALIMAR, FL 32579

SHALIMAR, FL 32579

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The above named entity submits this statement for the purpose of char the obligations of registered agent. SIGNATURE	nging its registered office or registered agent, or both, in t	the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		

MANAGING MEMBEHS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELL, PATRICIA A 873 THE MASTERS BOULEVARD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOECHEL, DOLORES E 101 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579
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11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE