2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State

1. Entity Name	MENT # L040000627 PNGBOAT, LLC	'94			
Principal Place 9916 E HARF SUITE 104 WICHITA, KS	RY	Mailing Address 9916 E HARRY SUITE 104 WICHITA, KS 67207		 	
) N 1111			28 2021 1844 28 3031 1844	03232007 No Chg-LLC	CR2E083 (11/05)
	O NOT WRITE	IN THIS SPA	CE	FEI Number 84-1660129 Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current Ri EVIN SHINGTON A, FL 34236	egistered Agent		DO NOT W IN THIS SI	/RITE
the obligati	named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURESignature. typed or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2007					
		atte if applicable (NOTE: Register	ed Agent signature required	when reinstabing)	DATE
		S/MANAGERS	ed Agent signature required	V000	00724733
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR DAVES, KEVIN 9916 EAST HARRY STREET STE	S/MANAGERS	ed Agent signature required	V000	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR DAVES, KEVIN 9916 EAST HARRY STREET STE	S/MANAGERS	ed Agent signature required	0000 05/02/0 DO NOT V	000724733 07-80120-023 50.00 VRITE
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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 provided in the provided in the limited liability company or the provided liability c

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