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Secretary of State

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04162005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065169

1. Entity Name
PALLANTE HOLDINGS LLC

Principal Place of Business	Mailing Address
5401 US 19 NORTH NEW PORT RICHEY, FL 34652	5401 US 19 NORTH NEW PORT RICHEY, FL 34652

2. Principal Place of Business	3. Mailing Address
6699 90th Ave N	6699 90th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park	City & State: Pinellas Park
Zip: 33782 Country: USA	Zip: 33782 Country: USA

4. FEI Number: 20-1699700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECKARD, ROBERT D 777 ALDERMAN ROAD PALM HARBOR, FL 34683	Name: Chris Pallante Street Address (P.O. Box Number is Not Acceptable): 6699 90th Ave N City: Pinellas Park FL Zip Code: 33782

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 ______________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PALLANTE, CHRISTOPHER A 5401 US 19 NORTH NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Chris Pallante 10703 Garda Dr Trinity FL 34655	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/28/05 727-287-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #