



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # L04000066613 1. Entity Name PATMAR OF KISSIMMEE, LLC	
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Principal Place of Business 1520 CREST RIDGE DRIVE KISSIMMEE, FL 34746	Mailing Address 1520 CREST RIDGE DRIVE KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE

	
03072007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2807319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCCURDY, PATRICIA J 1520 CREST RIDGE DRIVE KISSIMMEE, FL 34746

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, MARK B 1520 CRESTRIDGE DRIVE KISSIMMEE, FL 34746
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<p>U000000689723 04/11/07-80046-012 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4-2-07 407-847-2179 x233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #