


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067607 1. Entity Name PANACHESPIRIT L.L.C.	
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Principal Place of Business 183 LANDRUM LANE, #103 PONTE VEDRA BEACH, FL 32082	Mailing Address 183 LANDRUM LANE, #103 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0660749	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 PETERSEN, WANDA 116 OSPREY RIDGE WAY PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WITAKER-PAYNE, KELLY 183 LANDRUM LANE, #103 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERSEN, WANDA 116 OSPREY RIDGE WAY PONTE VEDRA BEACH, FL 32082
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<p>U00000530777 05/06/06-80012-008 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Kelly Whitaker-Payne 4-19-06 (904) 543-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #