

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90138 026 \*\*\*\*50.00

<b>DOCUMENT # L04000068104</b> 1. Entity Name <b>PAMELA PARKWAY REALTY, LLC</b>					
Principal Place of Business <b>40 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483</b>			Mailing Address <b>40 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>87-0732519</b> </div> <div style="float: right; text-align: right;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRIGHT, J. REVE ESQ. 135 S.E. FIFTH AVE., 2ND FLOOR DELRAY BEACH FL 33483</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when remaining)</small>					
<div style="border: 2px solid black; padding: 5px; background-color: #f0f0f0;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b> </div>					
9. MANAGING MEMBERS/MANAGERS:			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Operating Manager</b> <b>Peter Dontrancisco</b> <b>40 S. OCEAN BLVD</b> <b>DELRAY BEACH FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Robert Kenney Sec/Treas</b> <b>40 S. OCEAN BLVD</b> <b>DELRAY BEACH FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <u>Peter Dontrancisco</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <u>2/17/05</u>  <small>Date</small> </div> <div style="width: 20%; text-align: center;"> <u>561 4412400</u>  <small>Daytime Phone #</small> </div> </div>					