


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000068104</b> 1. Entity Name PAMELA PARKWAY REALTY, LLC	
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Principal Place of Business 40 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483	Mailing Address 40 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483
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01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0732519	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  BRIGHT, J. REVE ESQ. 135 S.E. FIFTH AVE., 2ND FLOOR DELRAY BEACH, FL 33483
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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 DON FRANCISCO, PETER 40 S OLEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KENNEY, ROBERT 40 S OLEAN BLVD DELRAY BEACH, FL 33483
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<p>P</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>000000394654 01/26/06-80019-017 50.00</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: *Robert Kenney* **1/19/06** **561 4412400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #