2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90026 020 ****55.00

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1. Entity Name

PASKOR HOLDINGS, LLC

30008225

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
108 SAUSALITO BOULEVARD CASSELBERRY FL 32707 US	108 SAUSALITO BOULEVARD CASSELBERRY FL 32707 US

2. Principal Place of Business	3. Mailing Address
711 W. AMELIA AVENUE	711 W. AMELIA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32805 Country: ORANGE	Zip: 32805 Country: ORANGE

4. FEI Number: 37-1500633 — 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
PHILIP L. LOGAS, P.A. 55 E. PINE STREET ORLANDO FL 32801	Name: KAMLAWATTEE SINGH Street Address (P.O. Box Number is Not Acceptable): 711 W. AMELIA STREET City: ORLANDO FL Zip Code: 32805

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: Kamlawattee Singh (signature) DATE: 3/29/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORNEGAY, THOMAS S 108 SUASALITO BOULEVARD CASSELBERRY FL 32707	☐ 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) MR. THOMAS S. KORNEGAY 3/29/05 407-398-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #