2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087686

1. Entity Name
ALWAYS UNDER PAR (AUP), LLC

Principal Place of Business	Mailing Address
300 - 31ST STREET NORTH, SUITE 300 ST PETERSBURG, FL 33713	300 - 31ST STREET NORTH, SUITE 300 ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2032668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOHN H IV
300 - 31ST STREET NORHT, SUITE 300
ST PETERSBURG, FL 33713

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

Filing Fee is $50.00
Due by May 1, 2006

U00000415908
02/11/06-80100-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GELESTOR, JOHN W
STREET ADDRESS	9069 127TH STREET
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	MGRM
NAME	NICKERSON, LARRY
STREET ADDRESS	12404 CAPRI CIRCLE NORTH
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	MGRM
NAME	SLOWGROVE, JEFFREY
STREET ADDRESS	2956 WENTWORTH WAY
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	MGRM
NAME	MENKE, ROBERT M
STREET ADDRESS	360 CENTRAL AVENUE, 10TH FLOOR
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGRM
NAME	THOMPSON, IV, JOHN H
STREET ADDRESS	13537 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	MGRM
NAME	WILSON, III, ROBERT H
STREET ADDRESS	1490 DONNEGAN ROAD
CITY-ST-ZIP	LARGO, FL 33771

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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: John H. Thompson IV 01/30/06 (727) 327-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #