

**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	
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Principal Place of Business 300 - 31ST STREET NORTH, SUITE 300 ST PETERSBURG, FL 33713	Mailing Address 300 - 31ST STREET NORTH, SUITE 300 ST PETERSBURG, FL 33713
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01112006No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2032668	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, JOHN H IV 300 - 31ST STREET NORHT, SUITE 300 ST PETERSBURG, FL 33713	DO NOT WRITE IN THIS SPACE
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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 _____

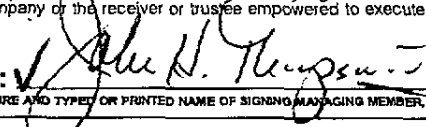
**Filing Fee is \$50.00
Due by May 1, 2006**

U00000415908
02/11/06-80100-019 50.00

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

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

✓ 01/30/06 ✓ (727) 327-1180
Date Daytime Phone #