

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089819

FILED
Mar 14, 2005
Secretary of State

Entity Name: PAQUETTE FAMILY MANAGEMENT, LLC

Current Principal Place of Business:

C/O MICHAEL A. CHIANTELLA
312 EAST VENICE AVE., SUITE 113
VENICE, FL 34285

New Principal Place of Business:

C/O MICHAEL A. CHIANTELLA
209 NASSAU STREET SOUTH, SUITE 101
VENICE, FL 34285

Current Mailing Address:

C/O MICHAEL A. CHIANTELLA
312 EAST VENICE AVE., SUITE 113
VENICE, FL 34285

New Mailing Address:

C/O MICHAEL A. CHIANTELLA
209 NASSAU STREET SOUTH, SUITE 101
VENICE, FL 34285

FEI Number: 20-1991966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIANTELLA, MICHAEL A
SEABOARD OFFICE PARK
312 EAST VENICE AVE., SUITE 113
VENICE, FL 34285 US

Name and Address of New Registered Agent:

CHIANTELLA, MICHAEL A
209 NASSAU STREET SOUTH
101
VENICE, FL 34285 US

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.

SIGNATURE: MICHAEL A. CHIANTELLA

03/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MACNEIL, GLEN
Address: 312 EAST VENICE AVE., SUITE 113
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACNEIL, GLEN
Address: 209 NASSAU STREET SOUTH, SUITE 101
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GLEN MACNEIL

MR.

03/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date