

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90077 006 \*\*\*138.75

<b>DOCUMENT # L05000003663</b> 1. Entity Name PNP, LLC					
Principal Place of Business 240 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114			Mailing Address 240 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-303822			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  BARTON, DAVID H CPA 1311 SOUTH HOWARD AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name <b>J. DOYLE TUMBLESON</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 S. PALMETTO AVE.</b> <b>Box A</b> City <b>DAYTONA BEACH FL</b> Zip Code <b>32114</b>		
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 <u><i>J. Doyle Tumbleson</i></u> DATE <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAHN, PETER A JR. 1709 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 332118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAHN, PATRICIA 1709 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Pete Zahn</i></u> <b>Pete Zahn</b> Date <u>2/1/08</u> Daytime Phone # <u>3862520020</u>		

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