


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90050 026 ****50.00

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| DOCUMENT # L05000010699 1. Entity Name PAVILION PROPERTIES, LLC | |  | |
| Principal Place of Business 311 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 | | Mailing Address 311 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 | |
| 2. Principal Place of Business Office 7482 Shadow Bay Dr. Suite, Apt. #, etc. | | 3. Mailing Address 7482 Shadow Bay Dr. Suite, Apt. #, etc. | |
| City & State Panama City FL Zip Country 32404 USA | | City & State Panama City FL Zip Country 32404 USA | |
| 4. FEI Number 20-2615693 | | 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 DENARO, PAUL M 311 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 | | 7. Name and Address of New Registered Agent Name Paul M. DENARO Street Address (P.O. Box Number is Not Acceptable) 7482 Shadow Bay Dr. City Panama City FL Zip Code 32404 | |
| 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 Paul M. Denaro President DATE 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP President Paul DENARO 7482 Shadow Bay Dr. Panama City FL 32404 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President DONISE DENARO 311 FAN PALM PL. Panama City Beach FL 32404 <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: Paul M. Denaro President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date 4/20/06 Daytime Phone # 850 866-7533 | |