


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000015725</b> 1. Entity Name ON PAR PROPERTIES, LLC	
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Principal Place of Business 20283 STATE RD 7 300 BOCA RATON, FL 33498 US	Mailing Address 11007 BOCA WOODS LANE BOCA RATON, FL 33428 US
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2574232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, BARBARA  
11007 BOCA WOODS LANE  
BOCA RATON, FL 33428

**DO NOT WRITE  
IN THIS SPACE**

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 Barbara Lombardi Barbara Lombardi 4/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, BARBARA 11007 BOCA WOODS LANE BOCA RATON, FL 33428
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04/20/07-80078-008 50.00

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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: Barbara Lombardi Barbara Lombardi 4/9/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #