2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000024564

1. Entity Name
PATCO HOLDINGS, LLC

Principal Place of Business	Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON, FL 33433	7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

07112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
81-0670217
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LETTIERE, KRISTIN E
7000 WEST PALMETTO PARK ROAD
SUITE 402
BOCA RATON, FL 33433

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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 _____ DATE
Signature, name of printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing it)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PATITUCCI, MARCO
STREET ADDRESS	7000 WEST PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	PATITUCCI, JOHN
STREET ADDRESS	7000 WEST PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000356189
07/24/08-80001-031 138.75

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #