
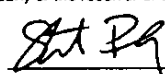


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-03-2006 90067 011 ****50.00

DOCUMENT # L05000025373			
1. Entity Name PATRON INVESTMENT COMPANY, LLC			
Principal Place of Business 227 S.E. 12TH AVENUE FORT LAUDERDALE, FL 33301		Mailing Address 227 S.E. 12TH AVENUE FORT LAUDERDALE, FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEARLMAN, STEWART 227 S.E. 12TH AVENUE FORT LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	
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	Stewart Pearlman 2817 NE 25 St Ft. Laud, FL 33305 Delete <input type="checkbox"/> President	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 		STEWART PEARLMAN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 3/28/06 Daytime Phone #	