

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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| DOCUMENT # L05000031826 1. Entity Name PASCO DEVELOPERS, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3195 N. POWERLINE ROAD SUITE 112 POMPAÑO BEACH, FL 33069 US | | | Mailing Address 3195 N. POWERLINE ROAD SUITE 112 POMPAÑO BEACH, FL 33069 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 01062006 Chg-LLC CR2E083 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-2596018 | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent THIRER, MARTIN 2950 WEST CYPRESS CREEK ROAD SUITE 102 FORT LAUDERDALE, FL 33309 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAMWAY, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3195 N. POWERLINE ROAD, SUITE 112</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPAÑO BEACH, FL 33069</td> <td></td> </tr> </table> | | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | HAMWAY, JAMES | | STREET ADDRESS | 3195 N. POWERLINE ROAD, SUITE 112 | | CITY-ST-ZIP | POMPAÑO BEACH, FL 33069 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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SIGNATURE:

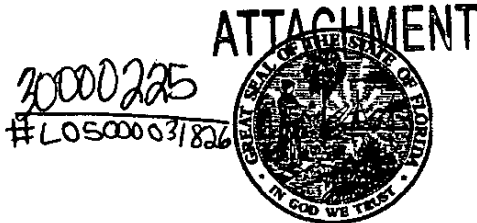
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAMES HAMWAY

Date

Daytime Phone #

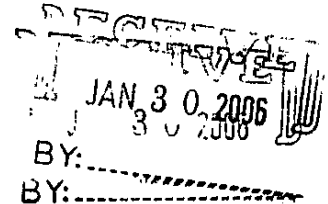
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

PASCO DEVELOPERS, LLC
3195 N. POWERLINE ROAD
SUITE 112
POMPANO BEACH, FL 33069 US



Subject: **PASCO DEVELOPERS, LLC**

Reference Number: **L05000031826**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION