

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90132 005 ****55.00

DOCUMENT # L05000031826

1. Entity Name
PASCO DEVELOPERS, LLC



Principal Place of Business
**3195 N. POWERLINE ROAD
SUITE 112
POMPANO BEACH, FL 33069 US**

Mailing Address
**3195 N. POWERLINE ROAD
SUITE 112
POMPANO BEACH, FL 33069 US**

20000701



2. Principal Place of Business - No P.O. Box #
**2501 NW 34TH PLACE
Suite, Apt. #, etc.
STE 32**

3. Mailing Address
**2501 NW 34TH PLACE
Suite, Apt. #, etc.
STE 32**

01052007 Chg-LLC CR2E083 (12/06)

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
20-2596018

Applied For
Not Applicable

Zip
33069-5930

Country
USA

Zip
33069-5930

Country
USA

5. Certificate of Status Desired ☒ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, JAMES 3195 N. POWERLINE ROAD, SUITE 112 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, CAROLE 3195 N. POWERLINE ROAD, SUITE 112 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2501 NW 34th PLACE, STE. 32 POMPANO BEACH, FL 33069-5930.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2501 NW 34th PLACE, STE. 32 POMPANO BEACH, FL 33069-5930.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 608, Florida Statutes.

SIGNATURE:

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

JAMES HAMWAY 1-8-7 9049731983

Date

Daytime Phone #