### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DÖCUMENT # L05000033546

Entity Name
PAIGKO, L.L.C.



Principal Place of Business

342 WILLIAMS POINT BLVD. COCOA, FL 32727

Mailing Address

342 WILLIAMS POINT BLVD. COCOA, FL 32727

### FILED Apr 13, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2661258

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, BRINK, & MOSES, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953

## 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

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

|                | <del></del>                             |
|----------------|---|
| 9.             | MANAGING MEMBERS/MANAGERS               |
| TITLE          | MGRM                                    |
| NAME           | DEAN, RICHARD T                         |
| STREET ADDRESS | 400 MILFORD POINT                       |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32952                |
| TITLE          | MGRM                                    |
| NAME           | DEAN, NANCY H                           |
| STREET ADDRESS | 400 MILFORD POINT                       |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32952                |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS | •                                       |
| CHY-ST-ZIP     |   |
| TITLE          | •                                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| מוג דם עדום    | i e e e e e e e e e e e e e e e e e e e |

U00000704935 04/23/07-80029-018 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: MANAGING MEMBER, OR QUITORIZED REPRESENTATIVE

3/7/07 321-632-0115

Daytime Pr