2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ENTERED 5-10-07

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DOCUMENT # L05000039970

1. Entity Name

PASADENA INVESTMENT MANAGEMENT PARTNERS, LLC

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
475 CENTRAL AVENUE KRESS BUILDING, SUITE 205 ST. PETERSBURG FL 33701 US	475 CENTRAL AVENUE KRESS BUILDING, SUITE 205 ST. PETERSBURG FL 33701 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1950 Lake Ave, SE	1950 Lake Ave SE
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.: #B
City & State: Largo, FL	City & State: Largo, FL
Zip: 33771 Country: Pinellas	Zip: 33771 Country: Pinellas

4. FEI Number 20-2725791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUN VISTA DEVELOPMENT GROUP, LLC 475 CENTRAL AVENUE KRESS BUILDING, SUITE 205 ST. PETERSBURG FL 33701	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1950 Lake Ave, S.E. #B Largo, FL 33771	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200105866082 07/10/07--01039--002 **500.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ACharles / April Charles 5-1-07 (727)581-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #