

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040596

Entity Name: PAVONES, LLC

**FILED**  
**Jan 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 179  
DUNNELLON, FL 34430

**New Principal Place of Business:**

226 POINCIANA LANE  
LARGO, FL 33770

**Current Mailing Address:**

PO BOX 179  
DUNNELLON, FL 34430

**New Mailing Address:**

2840 WEST BAY DR.  
136  
BELLEAIR BLUFFS, FL 33770

FEI Number: 20-2733090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVENPORT, DOUGLAS SR  
451 CENTRAL PARK DR.  
LARGO, FL 33711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRANE, SCOTT D MR.  
Address: PO BOX 179  
City-St-Zip: DUNNELLON, FL 34430

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRANE, SCOTT D MR.  
Address: 2840 WEST BAY DR. #136  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT BRANE

MGR

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date