2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State
05-19-2008 90343 001 ****55.50
05-19-2008 90343 002 ****41.62
06-23-2008 90405 001 ****20.82
06-23-2008 90405 002 ****20.82

DOCUMENT # L05000051317

1. Entity Name
P AVEN, L.L.C.

Principal Place of Business	Mailing Address
6601 S MAGNOLIA AVENUE OCALA, FL 34476	6601 S MAGNOLIA AVENUE OCALA, FL 34476

DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2897868
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REDDY, NAGENDER A
6601 S MAGNOLIA AVENUE
OCALA, FL 34476

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MGR~~
NAME	~~CHARTER GROUP,LLC~~
STREET ADDRESS	~~3702 PARADISE PT~~
CITY-ST-ZIP	~~DULUTH, GA 30097~~
TITLE	MGRM
NAME	REDDY, KUCHAKULLA N
STREET ADDRESS	11265 BRIDGEHOUSE RD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	REDDY, NAGENDER
STREET ADDRESS	6601 S. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/9/08 352-239-2535.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #