

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053468

Entity Name: PAR ENTERPRISES, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2903 THOMAS DRIVE
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

2903 THOMAS DRIVE
PANAMA CITY, FL 32408

New Mailing Address:

FEI Number: 20-2909931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEST, STAN R
2903 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

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: WEST, STAN R
Address: 2903 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR () Delete
Name: HOSTETLER, PHIL C
Address: 2903 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: MGP (X) Change () Addition
Name: WEST, STAN R
Address: 2903 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGP (X) Change () Addition
Name: HOSTETLER, PHIL C
Address: 2903 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify 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: STAN R. WEST

PRTN

05/01/2007

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