


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2006 90027 015 \*\*\*\*\*50.00  
L05000066540

DOCUMENT # L05000066540		
1. Entity Name P & L HOLDINGS, L.L.C.		

FILED  
06 JUL -3 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4206 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618	Mailing Address 4206 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3021674	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YEAGER, PAUL A 4206 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEAGER, PAUL A 4206 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEAGER, LEANNE A 4206 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Leanne Yeager*

4/28/06

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #