2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
04-26-2006 90017 008 ****50.00

DOCUMENT # L05000066975

1. Entity Name
P.A.T., LLC

Principal Place of Business	Mailing Address
1201 SW 17TH STREET OCALA, FL 34474	1201 SW 17TH STREET OCALA, FL 34474

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3142317 — 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
HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA,, FL 34474	Name JOHN PENN Street Address (P.O. Box Number is Not Acceptable) 1201 S.W. 17TH STREET City OCALA FL Zip Code 34474

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: X JOHN PENN 04/17/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHN PENN CORPORATION	NAME	
STREET ADDRESS	1201 SW 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: JOHN PENN 04/17/06 352-351-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(IRS USE ONLY) 575E 08-11-2005 PATL 0 0133223591 SS-4

ATTACHMENT
30008149
#L05000066975

)00700

Keep this part for your records. CP 575 E (Rev. 1-2005)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0133223591

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 08-11-2005
EMPLOYER IDENTIFICATION NUMBER: 20-3142317
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

P A T LLC
PENN JOHN SOLE MBR
1201 SW 17TH ST
OCALA FL 34474