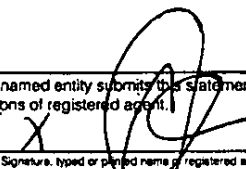
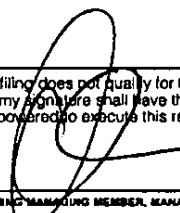


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

47

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 1201 SW 17TH STREET OCALA, FL 34474			Mailing Address 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	4. FEI Number 20-3142317	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HICKS, DANIEL 421 SOUTH PINE AVENUE OCALA, FL 34474				7. Name and Address of New Registered Agent Name JOHN PENN Street Address (P.O. Box Number is Not Acceptable) 1201 S.W. 17TH STREET City OCALA FL 34474	
8. The above named entity submits the 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:  JOHN PENN DATE 04/17/2006					
2. Principal Place of Business 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 JOHN PENN CORPORATION 1201 SW 17TH STREET OCALA, FL 34474 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  JOHN PENN DATE 04/17/06 352-351-3420					

ATTACHMENT

3000849

L05 000066975



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