

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 013 ****50.00

DOCUMENT # L05000081478

1. Entity Name
PANOS FAMILY L.L.C.



Principal Place of Business
**3101 S.R. 580
SAFETY HARBOR, FL 34695 US**

Mailing Address
**3101 S.R.580
SAFETY HARBOR, FL 34695 US**



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3414892	Applied For 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

**PANOS, NICK G OWNER
3101 S.R.580
SAFETY HARBOR, FL 34695**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANOS, GREGORY 425 REGINA LANE RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANOS, KITSA 425 REGINA LANE RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANOS, NICHOLAS 3101 S.R. 580 SAFETY HARBOR, FL 34695
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**KITSA PANOS
MANAGING MEMBER**

Date

Daytime Phone #