


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90211 027 ****50.00

DOCUMENT # L05000082798 1. Entity Name PAR CAPITAL LLC					
Principal Place of Business P.O. BOX 3319 SARASOTA, FL 34230			Mailing Address P.O. BOX 3319 SARASOTA, FL 34230		
2. Principal Place of Business 7493 Palmer Glen Cir		3. Mailing Address PO Box 3319			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota		4. FEI Number 20-3596595	
Zip 34240		Country USA		Zip FL	
Country USA		Zip 34240		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILICHUK, ALEX 1634 MAIN STREET SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Pam Di Tomaso Bilichuk Street Address (P.O. Box Number is Not Acceptable) 1634 Main Street City Sarasota FL Zip Code 34236	
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 Pam Di Tomaso-Bilichuk DATE 3/24/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
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 DITOMASO-BILICHUK, PAM P.O. BOX 3319 SARASOTA, FL 34230	<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 BILICHUK, ALEX P.O. BOX 3319 SARASOTA, FL 34230	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: Pam Di Tomaso-Bilichuk				Date 3/24/06 Daytime Phone # 941-302-2054	