

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90052 034 \*\*\*\*55.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000108597</b><br>1. Entity Name<br><b>PATMAR55 LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>3843 FALCON RIDGE CIRCLE<br/>WESTON, FL 33331</b>  |  |  | Mailing Address<br><b>3843 FALCON RIDGE CIRCLE<br/>WESTON, FL 33331</b> |   |  |
| 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<br><b>20-3759064</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable       |   |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$5.00</b> Additional<br>Fee Required                     |   |   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                             |   |  |
| <b>DE ZABARDI, PATRICIA LUISA<br/>3843 FALCON RIDGE CIRCLE<br/>WESTON, FL 33331</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      |   |  |
|  |  |  | State <b>FL</b> 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 re-instating) DATE _____   |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>DE ZABARDI, PATRICIA LUISA<br/>3843 FALCON RIDGE CIRCLE<br/>WESTON, FL 33331</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>CAPOBIANCO PEREZ, MARIA<br/>3843 FALCON RIDGE CIRCLE<br/>WESTON, FL 33331</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Patricia Zabardi</i>  |  | <b>DATE:</b> <i>4/19/06</i>                                  |   | <b>DAYTIME PHONE #:</b> <i>954-653-9328</i> |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |   |  |
| <b>PATRICIA DE ZABARDI</b>   |  |  |   |   |  |

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04202006 Chg-LLC CR2E083 (11/05)