



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000108597 1. Entity Name PATMAR55 LLC	
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Principal Place of Business 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	Mailing Address 3843 FALCON RIDGE CIRCLE WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3759066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DE ZABARDI, PATRICIA LUISA
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ZABARDI, PATRICIA LUISA 3843 FALCON RIDGE CIRCLE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPOBIANCO PEREZ, MARIA 3843 FALCON RIDGE CIRCLE WESTON, FL 33331
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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: Patricia Zabardi 04/23/2007 9546599328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #