2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2006
Secretary of State

DOCUMENT# L05000114659

Entity Name: PAKICO, LLC

Current Principal Place of Business:

5047 N. HWY. A1A
#205
N. HUTCHINSON, FL 34949

New Principal Place of Business:

215 MARINA DR.
FORT PIERCE, FL 34949

Current Mailing Address:

5047 N. HWY. A1A
#205
N. HUTCHINSON, FL 34949

New Mailing Address:

215 MARINA DR.
FORT PIERCE, FL 34949

FEI Number: 20-5297391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAWN, RONALD ESQ.
756 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BENNETT, DAVID
Address: 5047 N. HWY. A1A, #205
City-St-Zip: N. HUTCHINSON, FL 34949

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BENNETT, DAVID
Address: 215 MARINA DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: MGRM ( ) Change (X) Addition
Name: BENNETT, STEFANIE
Address: 215 MARINA DR.
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID BENNETT MGRM 08/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date