


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90076 040 \*\*\*\*50.00

DOCUMENT # L05000118426	
1. Entity Name PAMITTAN PROPERTIES, LLC	

Principal Place of Business <del>2525 HARBOR BLVD., STE. 300</del> <del>PORT CHARLOTTE, FL 33952</del>	Mailing Address <del>% DAVID A. HOLMES / FARR, FARR, EMERICH</del> <del>99 NESBIT STREET</del> <del>PUNTA GORDA, FL 33950</del>
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2. Principal Place of Business - No P.O. Box # 111 COLONIAL ST. SE Suite, Apt. #, etc.	3. Mailing Address 111 COLONIAL ST. SE Suite, Apt. #, etc.
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City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33952	Country CHARLOTTE



04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <del>HOLMES, DAVID A</del> <del>FARR, FARR, EMERICH, HACKETT AND CARR, P.A</del> <del>99 NESBIT STREET</del> <del>PUNTA GORDA, FL 33950</del>		7. Name and Address of New Registered Agent Name GRACE PAMITTAN Street Address (P.O. Box Number is Not Acceptable) 111 COLONIAL ST. SE City PORT CHARLOTTE, FL Zip Code 33952	
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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 X GRACE PAMITTAN / Grants	DATE X 4/26/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAMITTAN, FRANZWELL 2525 HARBOR BLVD STE 308 PORT CHARLOTTE, FL 33952 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRACE PAMITTAN 111 COLONIAL ST. SE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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 606, Florida Statutes.

SIGNATURE: X	DATE: X 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	