

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 11, 2007 8:00 am
Secretary of State

06-01-2007 90094 028 ****50.00

DOCUMENT # L06000002486 1. Entity Name PAVERDISE LLC					
Principal Place of Business 5240 DON MANUEL ROAD ELKTON, FL 32033			Mailing Address 5240 DON MANUEL ROAD ELKTON, FL 32033		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02192007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4063501				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENT, TERRY K 5240 DON MANUEL ROAD ELKTON, FL 32033			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 certifying) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT, TERRY K 5420 DON MANUEL ROAD ELKTON, FL 32033 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <i>[Signature]</i> April 27, 07 Date Daytime Phone #					