

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90081 024 ***138.75

DOCUMENT # L06000018423	
1. Entity Name PAN FLORIDA REAL ESTATE GROUP LLC	

Principal Place of Business 1015 W. NEWPORT CENTER DRIVE SUITE 106 DEERFIELD BEACH FL 33442	Mailing Address P.O. BOX 23465 FT. LAUDERDALE FL 33307-3465
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2. Principal Place of Business - No P.O. Box # 1164 OAKLAND PARK BLVD	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State OAKLAND PARK	City & State
Zip 33334	Country

4. FEI Number 20-4339945	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLYATT, RANDALL 1750 NW 3RD TERRACE SUITE 202 FT. LAUDERDALE FL 33311	
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7. Name and Address of New Registered Agent Name RANDALL CLYATT Street Address (P.O. Box Number is Not Acceptable) 1752 NW 3RD TERRACE SUITE 211 City FT LAUDERDALE FL Zip Code 33311	
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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 *Randall Clyatt* (NOTE: Registered Agent's signature required when reappointing) DATE 4-25-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLYATT, RANDALL 1015 W. NEWPORT CENTER DRIVE, SUITE 106 DEERFIELD BEACH FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDALL CLYATT 1164 OAKLAND PARK BLVD OAKLAND PARK FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Randall Clyatt* DATE 4-25-08 954-646-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE