


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90252 001 ***100.00

DOCUMENT # L06000020314	
1. Entity Name PAH-I, LLC	

Principal Place of Business 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016	Mailing Address 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box # 435 GARLEDA AVE.	3. Mailing Address 435 GARLEDA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State COML GABLOS FL	City & State COML GABLOS FL
Zip 33146	Zip 33146
Country USA	Country USA



03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4388434	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 COSTA, HELEN C ESQ 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Zip Code FL	

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 _____

**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 BACALLAO, ANTONIO 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **3/13/07** Daytime Phone #