

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031854

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** PATTIWACK HOLDINGS, LLC

**Current Principal Place of Business:**

9480 CORKSCREW PALM CIRCLE, SUITE 3  
ESTERO, FL 33928

**New Principal Place of Business:**

9480 CORKSCREW PALM CIRCLE  
SUITE 3  
ESTERO, FL 33928

**Current Mailing Address:**

9480 CORKSCREW PALM CIRCLE, SUITE 3  
ESTERO, FL 33928

**New Mailing Address:**

9480 CORKSCREW PALM CIRCLE  
SUITE3  
ESTERO, FL 33928

**FEI Number:** 20-4557097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JEFFREY S. SCHELLING, P.A.  
2240 TRADE CENTER WAY  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

CANTWELL, DENNIS J MGR  
9480 CORKSCREW PALM CIRC.  
SUITE 3  
ESTERO, FL 33928 US

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:** DENNIS J. CANTWELL

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CANTWELL, DENNIS J  
**Address:** 9480 CORKSCREW PALM CIRCLE, SUITE 3  
**City-St-Zip:** ESTERO, FL 33928

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** DENNIS J. CANTWELL

MGR

01/08/2007

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