2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 11, 2008 08:00 All Secretary of State DOCUMENT # L06000089827 PAX PROPERTIES, LLC Principal Place of Business Mailing Address 210 ENFIELD ROAD 210 ENFIELD ROAD DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 04042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORD, JOHN J -DO NOT WRITE 210 ENFIELD RD. DELRAY BEACH, FL 33444 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registation) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 000000892550 MR. 04/23/08-80071-008 138.75 TITLE FORD, JOHN J NAME STREET ADDRESS 210 ENFIELD RD CITY-ST-ZIP DELRAY BEACH, FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 prustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Devtime Phone #

SIGNATURE AND TYPE