


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90013 032 \*\*\*\*50.00

**DOCUMENT # L06000094984**

1. Entity Name  
 PAKA ENTERPRISES, LLC.



Principal Place of Business      Mailing Address  
 4101 CORAL TREE CIRCLE      4101 CORAL TREE CIRCLE  
 #313      #313  
 COCONUT CREEK, FL 33073      COCONUT CREEK, FL 33073

**60053371**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07172007    Chg-LLC    CR2E083 (12/06)

City & State      City & State

4. FCI Number      App'd For / Not App'd For

*20-5814271*

Zip      Country      Zip      Country

5. Certificate of Status Desired            \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SACCO, MICHAEL A  
 4101 CORAL TREE CIRCLE  
 #313  
 COCONUT CREEK, FL 33073

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Accepted)

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 \_\_\_\_\_  
Signature Required for all changes of registered agent and office      Print Name of Registered Agent or Office      Date

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
MGR	THOMAS, PATRICIA A	108-02 DITMARS BLVD	EAST ELMHURST, NY 11369	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information submitted 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:** *Patricia A. Thomas*      PATRICIA A. THOMAS

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