2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098519

Entity Name: PAR, LLC

FILED May 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

22600 LAKESIDE DRIVE

PANAMA CITY BEACH, FL 32413

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 611006 22600 LAKESIDE DRIVE

ROSEMARY BEACH, FL 32461 PANAMA CITY BEACH, FL 32413

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GREER, BARRY GREER, BARRY

22600 LAKESIDE DRIVE 22600 LAKESIDE DRIVE

PANAMA CITY BEACH, FL 32461 US PANAMA CITY BEACH, FL 32413 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: 05/18/2008

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GREER, BARRY
 Name:
 GREER, BARRY

 Address:
 PO BOX 611006
 Address:
 22600 LAKESIDE DR

City-St-Zip: ROSEMARY BEACH, FL 32461 City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGR () Delete Title: () Change () Addition

Name: FEAGIN, CHARLES MD Name:
Address: 430 WEST MAIN STREET SUITE 43 Address:

 Address:
 430 WEST MAIN STREET, SUITE 43
 Address:

 City-St-Zip:
 DOTHAN, AL 36305
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 COX, RICHARD
 Name:

 Address:
 17687 ASHLEY DRIVE
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32413
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 REED, MIKE MD
 Name:

 Address:
 500 WEST 19TH STREET
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARRY GREER MGR 05/18/2008