

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90018 029 \*\*\*138.75

<b>DOCUMENT # L06000110249</b>			
1. Entity Name PATAGONIA SERVICES, LLC			
Principal Place of Business 3729 CLUBSIDE POINTE DRIVE ORLANDO, FL 32810		Mailing Address 3729 CLUBSIDE POINTE DRIVE ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 940806	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MAITLAND	
Zip	Country	Zip 32794	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMALLEY & COMPANY, P.L. 1517 E HILLCREST STREET ORLANDO, FL 32803		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEVIA, LUIS A 3729 CLUBSIDE POINTE DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTINI, JULIANA 3729 CLUBSIDE POINTE DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	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"/> 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.			
<b>SIGNATURE:</b>  LUIS A. HEVIA		04/27/08 (407) 970-6861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60038122



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5932912 Applied For Not Applicable

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