

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2007-90040-033-\$50.00-\$50.00

DOCUMENT # L06000114153
 1. Entity Name
 PASSE-BREWEL, LLC



FILED
 07 OCT -5 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 400 N.E. 52ND COURT
 OCALA, FL 34470

Mailing Address
 400 N.E. 52ND COURT
 OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



05082007 Chg-LLC CR2E083 (12/06)

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
 20-5954103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MENGERS, DAVID G
 400 N.E. 52ND COURT
 OCALA, FL 34470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

B. 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 reinstating) 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	MANAGER <input type="checkbox"/> Delete DAVID G. MENGERS 400 N.E. 52nd Court Ocala, Florida 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete Maria E. Dominguez Mengers 400 NE 52nd Court Ocala, FL 34470
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 -----

REINSTATEMENT

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.

SIGNATURE: [Signature] Date: Sept 10 2007 352622-5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE