

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90022 047 \*\*\*143.75

<b>DOCUMENT # L07000023739</b> 1. Entity Name <b>PAN FLORIDA PROPERTIES, LLC</b>					
Principal Place of Business <b>1015 W. NEWPORT CENTER DRIVE SUITE 106A DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1015 W. NEWPORT CENTER DRIVE SUITE 106A DEERFIELD BEACH, FL 33442 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4425 Market Street</b>		3. Mailing Address <b>PO Box 488</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Marianna Florida</b>		City & State <b>Marianna Florida</b>		4. FEI Number <b>20-8564360</b>	
Zip <b>32446</b>		Country <b>USA</b>		Zip <b>32447</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>LEAVITT, NAREI 1015 W. NEWPORT CENTER DRIVE SUITE 106A DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Mullins, Kenneth</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 East Atlantic Avenue</b> Suite <b>C2 #326</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33483</b>		
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  <b>Kenneth Mullins</b> DATE <b>1/16/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<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>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEAVITT, NAREI 1015 W. NEWPORT CENTER DRIVE, #106A DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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:  Nare Leavitt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				850-482-6002 off 1-16-8 561-702-1761 cell	