2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# L07000119137

Entity Name: PAR VENTURES LLC

Current Principal Place of Business:

1210 NE 4 STREET
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

PO BOX 840407
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 26-1874100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIAN, PHILIP
1210 NE 4 STREET
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHRISTIAN, PHILIP
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: GINSBURG, RON
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHRISTIAN, PHILIP
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SILBERSTIEN, DAVID
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

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: PHIL CHRISTIAN MGR 06/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date