

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031679

FILED
Jul 09, 2009
Secretary of State

Entity Name: PA SPE LLC

Current Principal Place of Business:

550 E SR 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

550 E SR 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 80-0165753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

AM&E SERVICES LLC
605 EAST ROBINSON STREET SUITE 730
ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LLC, PA MANAGEMENT
Address: 550 E SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Change (X) Addition
Name: BUHRING, DENNIS J
Address: 550 E SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Change (X) Addition
Name: ZINKOVICH, LINDA
Address: 550 E SR 434
City-St-Zip: LONGWOOD, FL 32750

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: DENNIS BUHRING

MGRM

07/09/2009

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