2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L08000041151

Entity Name: PAPA SNOOK LLC

Current Principal Place of Business:

18550 CR 630 EAST
LAKE WELLS, FL 33898

New Principal Place of Business:

Current Mailing Address:

4660 S.US.HWY. 1
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 26-2480999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAPP, STEVEN W
4660 S. US HWY 1
FORT PIERCE, FL 34982 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:	MGRM	( ) Delete
Name:	SAPP, STEVEN W	
Address:	4660 S, US HWY.	
City-St-Zip:	FORT PIERCE, FL 34982 US	
Title:	MGRM	( ) Delete
Name:	SMITH, STEVEN J	
Address:	6015 TANGELO DR.	
City-St-Zip:	FORT PIERCE, FL 34982 US	
Title:	MGRM	( ) Delete
Name:	HARNAGE, STEVEN M	
Address:	3604 CHESTNUT OAK DR	
City-St-Zip:	FORT PIERCE, FL 34981	

ADDITIONS/CHANGES:

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

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: STEVEN W. SAPP MGRM 04/06/2009

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