

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080216

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** PAR INVESTMENT GROUP LLC

**Current Principal Place of Business:**

14420 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

14420 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 27-3195084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

ROMAN-BUBB, PATRICIA A MRS  
14420 HORSESHOE TRACE  
WELLINGTON, FL 33414 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:** PATRICIA ROMAN-BUBB

02/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BUBB, KEVIN J MR  
**Address:** 14420 HORSESHOE TRACE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGR  
**Name:** ROMAN-BUBB, PATRICIA A MRS  
**Address:** 14420 HORSESHOE TRACE  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby 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:** KEVIN BUBB

MGR

02/04/2011

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