2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000571

1. Entity Name
PABLO ROAD, L.C.

Principal Place of Business	Mailing Address
4314 PABLO OAKS COURT JACKSONVILLE, FL 32224	4314 PABLO OAKS COURT JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3561075	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KLINEPETER, ANNE T
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PABLO ROAD DEVELOPMENT, LLC
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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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.

SIGNATURE: _Annet Klinepeter_   1/12/06   904-992-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #