


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90248 016 \*\*\*\*50.00

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L99000003662</b><br>1. Entity Name<br><b>P &amp; A PROPERTIES, LLC.</b>  |   |            |
| Principal Place of Business<br><b>1001 EAST STONE DRIVE<br/>KINGSPORT TN 37660</b>   |   | Mailing Address<br><b>DR. BO PENDLETON<br/>1001 EAST STONE DRIVE<br/>KINGSPORT TN 37660</b> |
| 2. Principal Place of Business - No P.O. Box #<br><b>528-B Fleetwood Ct</b><br>Suite, Apt. #, etc.   | 3. Mailing Address<br><b>Don W. Adams</b><br>Suite, Apt. #, etc.<br><b>528-B Fleetwood Ct</b> |   |
| City & State<br><b>Kingsport, TN</b><br>Zip<br><b>37660</b>  | City & State<br><b>Kingsport, TN</b><br>Zip<br><b>37660</b>                                   | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>59-3588629</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br><b>MCKAREN, SAM<br/>830 GULF SHORES DRIVE NO. 5025<br/>DESTIN FL 32541</b>  |   |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>  |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE  | <b>MGRM</b><br><b>ADAMS, DONALD W</b><br><b>528-B FLEETWOOD CT.</b><br><b>KINGSPORT TN</b>    | <input type="checkbox"/> Delete   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  | <b>MGRM</b><br><b>PENDELTON, B C</b><br><b>1001 EAST STONE DRIVE</b><br><b>KINGSPORT TN</b>   | <input type="checkbox"/> Delete   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Delete   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Delete   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Delete   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| 10. ADDITIONS/CHANGES  |   |   |
| TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |   |
| <b>SIGNATURE: Don W. Adams</b> <i>[Signature]</i> <b>4-4-07 423-378-2857</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |



1st MOORE CR2E083 (10/06)