


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000008396 1. Entity Name PAKSOURCE GLOBAL, L.L.C.	
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Principal Place of Business 1610 NORTHGATE BOULEVARD SARASOTA, FL 34234	Mailing Address 1610 NORTHGATE BOULEVARD SARASOTA, FL 34234
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04292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, E. YVONNE
1610 NORTHGATE BOULEVARD
SARASOTA, FL 34234

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, STUART CHARLES 1610 NORTHGATE BOULEVARD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, YVONNE EDNA 1610 NORTHGATE BOULEVARD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTENSEN, SANDRA-LEIGH 1610 NORTHGATE BOULEVARD SARASOTA, FL 34234
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Yvonne E Murray 04-29-2008 (941) 359-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #