

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001353

Entity Name: PASCO ASSOCIATES, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

10069 N. FLORIDA AVENUE
SUITE A-3
TAMPA, FL 33612

New Principal Place of Business:

26675 PLAYERS CIRCLE
LUTZ, FL 33559

Current Mailing Address:

10069 N. FLORIDA AVENUE
SUITE A-3
TAMPA, FL 33612

New Mailing Address:

9107 WOODRIDGE RUN DRIVE
TAMPA, FL 33647

FEI Number: 37-1415644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, MICHAEL E
10069 N. FLORIDA AVENUE
SUITE A-3
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

HAYES, MICHAEL E
9107 WOODRIDGE RUN DRIVE
TAMPA, FL 33647 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:

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILL, DAVID
Address: 325 W. STATE STREET
City-St-Zip: JACKSONVILLE, IL 62650

Title: MGR () Delete
Name: HAYES, MICHAEL
Address: 10069 N. FLORIDA AVE., STE. A-3
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HAYES, MICHAEL
Address: 9107 WOODRIDGE RUN DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. HAYES

MGR

04/13/2007

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