

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000002363

1. Entity Name
PMAT REAL ESTATE INVESTMENTS, L.L.C.Principal Place of Business
1615 POYDRAS ST.
SUITE 1350
NEW ORLEANS, LA 70112Mailing Address
1615 POYDRAS ST.
SUITE 1350
NEW ORLEANS, LA 70112

FILED

07 JUL -9 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
48-1280467Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**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 _____

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WHELAN, ROBERT A
4716 CARTHAGE ST.
METAIRIE, LA 70002TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**DO NOT WRITE
IN THIS SPACE**

02/21/07 - 01028 - \$50.00

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 808, Florida Statutes.

SIGNATURE: Susan Lang, as agent for owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE

1-30-07

Date

Daytime Phone #