

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000005074

1. Entity Name
PMAT MELBOURNE, L.L.C.



Principal Place of Business
1615 POYDRAS ST
SUITE 1350
NEW ORLEANS, LA 70112 US

Mailing Address
1615 POYDRAS ST
SUITE 1350
NEW ORLEANS, LA 70112 US

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-3410896

Applied For
Not Applicable

5. 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

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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 PMAT MELBOURNE INVESTMENT, L.L.C. 1 SERENITY DRIVE MANDEVILLE, LA 70471
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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: Susan Lang as agent for owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1-30-07

Date Daytime Phone #