

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099244

Entity Name: PUMA ENDEAVORS LLC

FILED
Feb 11, 2007
Secretary of State

Current Principal Place of Business:

21358 SWEETWATER LANE N
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21358 SWEETWATER LANE N
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 20-3651426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUFER, SUSAN
21358 SWEETWATER LANE N
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAUFER, MARLA
Address: 19830 NW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: APPELBAUM, MITCHELL M
Address: 21358 SWEETWATER LANE N
City-St-Zip: BOCA RATON, FL 33428

Title: MGR () Delete
Name: LAUFER, SUSAN
Address: 21358 SWEETWATER LANE N
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAUFER, MARLA
Address: 204 S. DOWNING ST
City-St-Zip: DENVER, CO 80209

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

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

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: SUSAN LAUFER

MGR

02/11/2007

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