


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007000 1. Entity Name GINGER POT, LLC	
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Principal Place of Business 5030 CHAMPION BLVD., #GK-286 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BLVD., #GK-286 BOCA RATON, FL 33496
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04112005 No Chg-LLC CR2ED83 (10/03)

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4. FEI Number 22-3689106	Applied For No: Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MENOR, ARTHUR J
C/O SHUTTS & BOWEN LLP
250 S. AUSTRALIAN AVENUE, SUITE 500
WEST PALM BEACH, FL 33401**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (INDICATE TYPE OF AGENT SIGNATURE REQUIRED UPON REISSUING)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERISANO, PATRICIA 5030 CHAMPION BLVD., G6-286 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERISANO, MICHAEL 5030 CHAMPION BLVD., G6-286 BOCA RATON, FL 33496
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04/21/05-80058-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 806, Florida Statutes.

SIGNATURE: Michael Cerisano 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael CERISANO