

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90187 023 ****50.00

DOCUMENT # L00000005324					
1. Entity Name PONTANGO, L.L.C.					
Principal Place of Business 3705 S FEDERAL HIGHWAY BOYNTON BEACH, FL 33435			Mailing Address PO BOX 740026 BOYNTON BEACH, FL 33474		
2. Principal Place of Business 8075 State Road 7 Suite, Apt. #, etc.		3. Mailing Address PO Box 740026 Suite, Apt. #, etc.			
City & State Boynton Beach FL Zip: 33437 Country: USA		City & State Boynton Beach FL Zip: 33474-0026 Country: USA		4. FEI Number 65-1047268	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARONSON, CAROLE 102 NORTH SWINTON AVE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME PONTANO, MARY ANN STREET ADDRESS 4260 ST. ANDREWS DR. CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4465 Pine Tree Drive CITY-ST-ZIP Boynton Beach FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PONTANO, MICHAEL STREET ADDRESS 4260 ST. ANDREWS DR. CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4465 Pine Tree Drive CITY-ST-ZIP Boynton Beach FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mary Ann Pontano Mary Ann Pontano</u> <u>1/14/05</u> <u>561-734-8333</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					