

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003240

FILED
May 03, 2006
Secretary of State

Entity Name: POGONI INVESTMENTS, LLC

Current Principal Place of Business:

6638 KENWOOD DR.
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

1181 SUMTER BLVD
108
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-1095965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TSIOGAS, DIMITRIOS
6638 KENWOOD DRIVE
NORTH PORT, FL 34287 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: MGRM () Delete
Name: KRANIAS, STEVE
Address: 15605 EASTBOURNE DRIVE
City-St-Zip: ODESSA, FL 35556

Title: MGRM () Delete
Name: KRANIAS, TINA
Address: 15605 EASTBOURNE DRIVE
City-St-Zip: ODESSA, FL 35556

Title: MGRM () Delete
Name: TSIOGAS, DIMITRIOS
Address: 1181 SUMTER BLVD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

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

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: DIMITRIOS TSIOGAS

MGRM

05/03/2006

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