

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90029 006 \*\*\*\*50.00

DOCUMENT # L01000019844

1. Entity Name  
PASSATA, LLC



Principal Place of Business  
110 E. BROWARD BLVD., STE 1900  
FT. LAUDERDALE, FL 33301

Mailing Address  
110 E. BROWARD BLVD., STE 1900  
FT. LAUDERDALE, FL 33301

20033371



2. Principal Place of Business

1802 N. UNIVERSITY DR  
Suite, Apt. #, etc.  
102-A

3. Mailing Address

1802 N. UNIVERSITY  
Suite, Apt. #, etc.  
102-A

04172006 Chg-LLC CR2E083 (11/05)

City & State

PLANTATION, FL  
Zip 33322 Country USA

City & State

PLANTATION, FL  
Zip 33322 Country USA

4. FEI Number  
80-0020504

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PONSARD, JONATHAN  
110 E. BROWARD BLVD., STE 1900  
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1802 N. UNIVERSITY DR 102-A

City

PLANTATION

FL

Zip Code

33322

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]*

JONATHAN PONSARD

4/17/06

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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME PONSARD, JONATHAN  
STREET ADDRESS 110 E. BROWARD BLVD., STE 1900  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

10. ADDITIONS/CHANGES

TITLE ADDRESS ☒ Change ☐ Addition  
NAME 1802 N. UNIVERSITY DR 102-A  
STREET ADDRESS PLANTATION, FL 33322  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

JONATHAN PONSARD

04-17-06

954 332 3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #