

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2006 90029 010 \*\*\*\*50.00

20033367



04172006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000007704</b> 1. Entity Name <b>PONSARD HOLDINGS, LLC</b>					
Principal Place of Business <b>110 E. BROWARD BLVD., SUITE 1900 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>110 E. BROWARD BLVD., SUITE 1900 FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business <b>1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102 A</b> City & State <b>PLANTATION, FL</b> Zip <b>33322</b> Country <b>USA</b>		3. Mailing Address <b>1802 N. UNIVERSITY Suite, Apt. #, etc. 102 A</b> City & State <b>PLANTATION, FL</b> Zip <b>33322</b> Country <b>USA</b>		4. FEI Number <b>57-1158811</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>PONSARD, JONATHAN 110 E. BROWARD BLVD., STE 1900 FORT LAUDERDALE, FL 33301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1802 N. UNIVERSITY DR 102-A</b> City <b>PLANTATION</b> FL Zip Code <b>33322</b>				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 <u><i>[Signature]</i></u> <b>JONATHAN PONSARD</b> <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PONSARD, JONATHAN 110 E. BROWARD BLVD., STE 1900 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS! 1802 N. UNIVERSITY DR 102-A PLANTATION, FL, 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: <u><i>[Signature]</i></u> <b>JONATHAN PONSARD</b> <u>04-17-06</u> <u>9543323321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					