


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000041677 1. Entity Name PRAGMATIC WORKS, LLC	
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Principal Place of Business 10006 CROSS CREEK BOULEVARD SUITE 102 TAMPA, FL 33647 US	Mailing Address 10006 CROSS CREEK BOULEVARD SUITE 102 TAMPA, FL 33647 US
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01182007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0353850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, THOMAS E
 9172 HIGHLAND RIDGE WAY
 TAMPA, FL 33647

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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. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, THOMAS 5747 RIVA RIDGE DRIVE WESLEY CHAPEL, FL 335446513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, RITA M 5747 RIVA RIDGE DRIVE WESLEY CHAPEL, FL 335446513
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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: *Rita M Cassidy, Managing member* 1/17/2007 (813) 334-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #