


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000035160</b> 1. Entity Name <b>PAGOSA PARTNERS INDUSTRIAL, LLC</b>	
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Principal Place of Business <b>1717 SECOND STREET SUITE A SARASOTA, FL 34236 US</b>	Mailing Address <b>1717 SECOND STREET SUITE A SARASOTA, FL 34236 US</b>
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**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1156770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHENKIN, RONALD R  
1717 2ND STREET, SUITE D  
SARASOTA, FL 34236**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAMUD, NEIL N 1717 SECOND STREET SUITE A SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHENKIN, RONALD R 1717 SECOND STREET SUITE D SARASOTA, FL 34236
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U00000685677  
04/09/07-80015-010 50.00

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:  **3/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Handwritten note:* 3/5/07