

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035172

1. Entity Name
PRAGMATIC DEVELOPERS, L.L.C.



Principal Place of Business
**5022 TRESTLE COURT
SARASOTA, FL 34238-4408**

Mailing Address
**PO BOX 19814
SARASOTA, FL 34276-2814**



01252006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1099535

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN ESQ
DOOLEY & DRAKE, P.A.
1432 FIRST STREET
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

6. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHER, MICHAEL
5022 TRESTLE COURT
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KOGAN, LEONARD M
92-68TH STREET
BROOKLYN, NY 11220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KOGAN, DANIEL
74-68TH STREET
BROOKLYN, NY 11220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000455008
03/15/06-80034-024 50.00

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IN THIS SPACE**

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: Michael Scher / Michael Scher / 2/20/2006 (941)7353889

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

Date

Daytime Phone #