

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

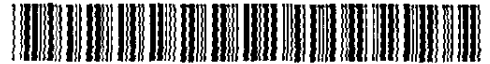
DOCUMENT # L04000035215

1. Entity Name  
PAGOSA PARTNERS RESIDENTIAL, LLC



Principal Place of Business  
1717 SECOND STREET  
SUITE A  
SARASOTA, FL 34236 US

Mailing Address  
1717 SECOND STREET  
SUITE A  
SARASOTA, FL 34236 US



02132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1156661

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHENKIN, RONALD R  
1717 2ND STREET  
SUITE D  
SARASOTA, FL 34236

**DO NOT WRITE  
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

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE D  
NAME MALAMUD, NEIL N  
STREET ADDRESS 1717 SECOND STREET SUITE A  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D  
NAME SHENKIN, RONALD R  
STREET ADDRESS 1717 SECOND STREET SUITE A  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000445409  
03/07/06-80044-006 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: *[Signature]*

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

*[Signature]* 2/21/06

Date

Daytime Phone #