



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000035215 1. Entity Name PAGOSA PARTNERS RESIDENTIAL, LLC	
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Principal Place of Business 1717 SECOND STREET SUITE A SARASOTA, FL 34236 US	Mailing Address 1717 SECOND STREET SUITE A SARASOTA, FL 34236 US
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1156661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

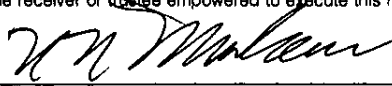
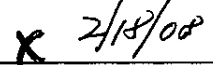
9. MANAGING MEMBERS/MANAGERS

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 A SARASOTA, FL 34236
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03/10/08-80009-011 138.75

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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  **Neil N. Malamud**  **2/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #