

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053892

**FILED**  
**Jan 31, 2006**  
**Secretary of State**

**Entity Name:** STEVEN PRIBRAMSKY & COMPANY, LLC

**Current Principal Place of Business:**

2455 E SUNRISE BLVD  
500  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

937 FLEMING STREET  
KEY WEST, FL 33040 US

**Current Mailing Address:**

2455 E SUNRISE BLVD  
500  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

937 FLEMING STREET  
KEY WEST, FL 33040 US

**FEI Number:** 20-1386258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, SEAN W  
619 EATON STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

PRIBRAMSKY, STEVEN R  
937 FLEMING STREET  
KEY WEST, FL 33040 US

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.

**SIGNATURE:** STEVEN R PRIBRAMSKY

01/31/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PRIBRAMSKY, STEVEN R  
**Address:** 610 ROYAL PLAZA DRIVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PRIBRAMSKY, STEVEN R  
**Address:** 426 ELIZABETH STREET  
**City-St-Zip:** KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** STEVEN R PRIBRAMSKY

MGRM

01/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date