

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


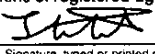

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Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90016 040 ****50.00

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04172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000056923					
1. Entity Name PONSARD GROUP, LLC					
Principal Place of Business 110 E. BROWARD BLVD. SUITE 1900 FT. LAUDERDALE, FL 33301			Mailing Address 110 E. BROWARD BLVD. SUITE 1900 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A		3. Mailing Address 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A		4. FEI Number 20-1438603	
City & State PLANTATION, FL		City & State PLANTATION, FL		Applied For Not Applicable	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PONSARD, JONATHAN 110 E. BROWARD BLVD. SUITE 1900 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 1802 N. UNIVERSITY DR 102-A	
				City PLANTATION	
				State FL	
				Zip Code 33322	
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 		JONATHAN PONSARD		DATE 4/17/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PONSARD, JONATHAN 110 E. BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1802 N. UNIVERSITY DR 102-A PLANTATION, FL, 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		JONATHAN PONSARD		Date 04-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 9543323321	