2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# L05000020903

Entity Name: POOLE MCELROY SYNDICATE, LLC

Current Principal Place of Business:

2145 DELTA BLVD SUITE 100
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2145 DELTA BLVD SUITE 100
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 76-0781967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, KIM L
2145 DELTA BLVD SUITE 100
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	POOLE, KIM L	
Address:	7706 CORNUCOPIA LN	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	MGRM	( ) Delete
Name:	MCELROY, LEIGH A	
Address:	4080 MCLAUGHLIN DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	MGRM	( ) Delete
Name:	MCELROY, STEVEN	
Address:	4080 MCLAUGHLIN DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	MGRM	( ) Delete
Name:	POOLE, BARRY W	
Address:	7706 CORNUCOPIA LN	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: KIM L. POOLE MRS. 04/06/2006

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