

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020903

FILED  
Apr 11, 2007  
Secretary of State

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:**

POOLE ENGINEERING & SURVEYING, INC  
2145 DELTA BLVD SUITE 100  
TALLAHASSEE, FL 32303 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: KIM L. POOLE

04/11/2007

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 (X) Delete  
Name: MCELROY, LEIGH A  
Address: 4080 MCLAUGHLIN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM (X) Delete  
Name: MCELROY, STEVEN  
Address: 4080 MCLAUGHLIN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM (X) Delete  
Name: POOLE, BARRY W  
Address: 7706 CORNUCOPIA LN  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: MGM (X) Change ( ) Addition  
Name: POOLE ENGINEERING &, SURVEYING  
Address: 2145 DELTA BLVD SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32303

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

PRES

04/11/2007

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