


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90145 018 \*\*\*\*50.00

DOCUMENT # **L05000042797**

1. Entity Name  
**PATRIOT CAPITAL, LLC**



Principal Place of Business  
**55 CHURCH STREET  
 EASTON MA 02375**

Mailing Address  
**55 CHURCH STREET  
 EASTON MA 02375**



2. Principal Place of Business  
~~55 Church St~~ **8130 Lakewood** **SAME**  
 Suite, Apt. #, etc. **MAIN ST**  
**SUITE 207**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State  
~~Easton MA~~ **Bradenton** City & State **FLORIDA 34202**

Zip  
~~02375~~ **34202** Country **USA**

4. FEI Number  
**20-2769913**


Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ROSENBERG, DAVID H ESO**  
**6151 LAKE OSPREY DRIVE**  
**THIRD FLOOR, SUITE 338**  
**SARASOTA FL 34240**

*D. Rosenberg*  
**8130 Lakewood**  
**SUITE 207**  
**BRADENTON FLA, 34202**

7. Name and Address of New Registered Agent  
 Name **ROB DORNEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**55 Church St**  
 City **EASTON** FL Zip Code **02375**

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  DATE **7/24/06**

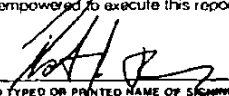
Signature, typed or printed name of registered agent (not to be applicable) (NOTE: Registered Agent signature required when in writing)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGRM DORNEY, ROBERT J 50 CHURCH STREET EASTON MA 02375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MBRM John Campbell 16 Starbuck Ln (Lakeshore Ln) Roxisale MA 02644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE