## 2006 LIMITED LIABILITY COMPANY

## FILED Apr 10, 2006 8:00 am Secretary of State

ANNUAL REPURI						3-27-2006 90047 018 ****55.00				
DOCUMENT # L05000051842  1. Entity Name RUGBY POMPANO VENTURES, LLC						3 <b>3 2</b> , <b>2</b> 3,				
Principal Place of Business Mailing Address					1		- 000	A717	}	
2601 BISCAYNE BOULEVARD MIAMI, FL 33137		2601 BISCAYNE BOULEVARD MIAMI, FL 33137			30004717					
						H BAKAN ENJA BAKN DANKARI				
2. Principal Place of Business		3. Mailing Address 4 UY L(1 5)								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082006	Chg-LLC		3 (11/05)			
City & State		City & State TETER MORD, NS		4. FEI Numi	406696		No	oplied For ot Applicable		
Zip	Country	Zip 0 7608	Cour	ntry	<u> </u>	te of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Name an	d Address of New R	legistered A	ent		
PARDO, JEFFREY				Name						
	BISCAYNE BOULEVARD	Street Addres		Street Address (	(P.O. Box Number is Not Acceptable)					
MIAMI, FL	33131			City	<del></del>			Zip Cod	e	
				,			FL			
	named entity submits this statement lo ions of registered agent.	the purpose of changing it	s register	ed office or register	red agent, or b	oth, in the State of Fk	orida. I am ta	miliar with,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent a	nd sde if applicable. (NO	TE: Registere	id Agent signature required	d when reinstating)		DATE			
Fi Di	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET AODRESS	MGRM STAUBER, AARON 34 MEADOW LANE	☐ Delote		EEF ADDRESS				Change	Addition	
CITY-S1-ZIP	LAWRENCE, NY 11559		_	-S1-ZIP				7 6		
TITLE NAME		☐ Delete	TITL	·			1	Change	■ Addition	
STREET ADDRESS CITY-ST-ZIP			SIR	EET ADDRESS '-ST-ZIP						
TITLE		Delete	181	E				Change	Addition	
NAME STREET ADDRESS C/TY-ST-ZIP				EE ADORESS -ST-71P		·				
TITLE	·	☐ Deteta	TITL	E		<del></del>	-	Change	☐ Addition	
HALLE			NAN	ık				•		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS 1-ST-ZIP						
mu		☐ Delets	TIFL	E				Change	Addition	
NAME			NAM	- 1						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-S1-ZIP						
ITILE		Delete	TITL	l l				Change	Addition	
NAME			NAM	<b>I</b>			•	•		
STREET ADDRESS				EEI ADORESS (-ST-ZIP						
L	certify that the information sucretied with	this filing close not quality.			in Chanter 110	Florida Statutes 14	idher certifi- i	hat the infe	ormation	
i indicated	on this report is true and accurate and	that my signature shall have	e the sam	e legal effect as if r	nade under oa	h; that I am a mana;	ging member	or manage	er of the	
Remailed lis	ibility company or the receiver or trustee	empowered to execute thi				3/2400			_	
	Abl STATE			W (1.0 W.S)						

SIGNATURE: NO TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Cayune Phone #