

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086296

FILED
May 01, 2006
Secretary of State

Entity Name: POMPITOUS REDEVELOPMENT, LLC

Current Principal Place of Business:

406 TREASURE BOAT WAY
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

406 TREASURE BOAT WAY
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-4746849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KIRSCH, IRVING
406 TREASURE BOAT WAY
SARASOTA, FL 34242 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRSCH, IRVING
Address: 406 TREASURE BOAT WAY
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: PRICE, DAVID S
Address: 728 5TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: LARUS, PRESTON
Address: 822 MCARTHER AVE
City-St-Zip: SARASOTA, FL 34243

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: IRVING KIRSCH

MGMR

05/01/2006

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