

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007253

**FILED**  
**Jul 18, 2007**  
**Secretary of State**

**Entity Name:** JOHN POMEROY & FRIENDS, LLC

**Current Principal Place of Business:**

5940 14TH AVE SW  
NAPLES, FL 34116

**New Principal Place of Business:**

5940 LANCEWOOD WAY  
NAPLES, FL 34116

**Current Mailing Address:**

5940 14TH AVE SW  
NAPLES, FL 34116

**New Mailing Address:**

5940 LANCEWOOD WAY  
NAPLES, FL 34116

FEI Number: 33-1131277      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:**

POMEROY, JOHN R III  
5940 14TH AVE SW  
NAPLES, FL 34116      US

**Name and Address of New Registered Agent:**

POMEROY, JOHN R III  
5940 LANCEWOOD WAY  
NAPLES, FL 34116      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: \_\_\_\_\_

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POMEROY, JOHN R III  
Address: 5940 14TH AVE SW  
City-St-Zip: NAPLES, FL 34116 US

**ADDITIONS/CHANGES:**

Title: PRES      (X) Change ( ) Addition  
Name: POMEROY, JOHN R III  
Address: 5940 LANCEWOOD WAY  
City-St-Zip: NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R POMEROY III

PRES

07/18/2007

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