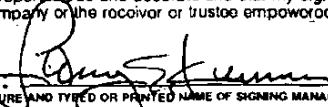


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-26-2007 90081 050 ****50.00

DOCUMENT # L06000042345 1. Entity Name PONTIACREGISTRY.COM, L.L.C.					
Principal Place of Business 6702 9TH AVENUE N.W. BRADENTON FL 34209			Mailing Address 6702 9TH AVENUE N.W. BRADENTON FL 34209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8333249				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KUMMER, LARRY E 6702 9TH AVENUE N.W. BRADENTON FL 34209			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR KUMMER, LARRY E 6702 9TH AVENUE N.W. BRADENTON FL 34209	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  LARRY E. KUMMER 1/22/07 941-792-6279 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					