

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001871 1. Entity Name PUMPKIN, LLC	
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Principal Place of Business 709 HAWKS RIDGE ROAD PORT ORANGE, FL 32127	Mailing Address 709 HAWKS RIDGE ROAD PORT ORANGE, FL 32127
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01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569596	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LARSON, ERIC 709 HAWKS RIDGE ROAD PORT ORANGE, FL 32127	DO NOT WRITE IN THIS SPACE
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6. 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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

1100001451973
03/11/06-80006-024 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, ERIC 709 HAWKS RIDGE ROAD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, BARBARA A 709 HAWKS RIDGE ROAD PORT ORANGE, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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: *Barbara A. Larson* m. member *Barbara A. Larson* m. member 2-21-06 386 756-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #