2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007974

1. Entity Name
PUMP HOUSE EAST, L.L.C.



Principal Place of Business

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 Mailing Address

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90048 009 ****50.00



02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
59-3612159		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Name and Address of Current Registered Agent

VOGES, WILLIAM J ESQ. 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

DO NOT WRITE IN THIS SPACE

3/30/2006

386-671-4908

Daytime Phone #

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filling Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARONEY, PHILIP 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DITTBENNER, EILEEN 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	DO NOT V	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-\$T-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

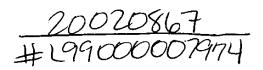
William J. Woges, Manager

SING MEMBER, OR AUTHORIZED REPRESENTATIVE

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



ATTACHMENT



275 Clyde Morris Boulevard Ormond Beach, Florida 32174 Tel 386 671 4888 Fax 386 671 3888

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March 30, 2006

Via Certified Mail, Return Receipt Requested 7000 0600 0028 1779 3468

Department of State P. O. box 6478 Tallahassee, FL 32301

Re:

2006 Limited Liability Company Annual Reports

Dear Sir or Madam:

Enclosed please find the annual reports and \$50.00 fees incident to the following limited liability companies.

DMV Investments, LLC
Petalo II, LLC
Pump House East, LLC
RDT, L.L.C., L.C.
Root Mortgage III, LLC
Root Venture Partners, LLC
Root Wilmette Investments, LLC
Silver Holly Development, LLC
SSRF Properties, LLC

Also enclosed are the annual reports and fees of \$61.25 each for the following Not-for-Profit Corporations:

Block F OACC fire System Owners Assoc. Pines Property Owner's Association

Please proceed to file these annual reports. If you have any questions or require additional information I will appreciate a call to 386-671-4908.

Thanking you for all courtesies and cooperation, I am,

Sincerely yours,

Sharon Romano Legal Secretary

/shr Enc.