

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-10-2006 90017 027 ****50.00

DOCUMENT # L05000069424 1. Entity Name PEMBROKE LAKES SQUARE II, LLC					
Principal Place of Business ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432			Mailing Address ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432		
2. Principal Place of Business 101 PLAZA REAL SOUTH SUITE 200 Suite, Apt. #, etc. ROYAL PALM PLACE City & State		3. Mailing Address 101 PLAZA REAL SOUTH SUITE 200 Suite, Apt. #, etc. ROYAL PALM PLACE City & State			
Zip 		Country 		4. FEI Number 20-4988918	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent CAROSELLA, JOE ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432		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 <u>Joe Carosella</u> Signature, typed or printed name of registered agent, and fee if applicable		Joe Carosella		May 1, 2006	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEMBROKE SQUARE II INVESTORS, LLC 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432	☐ 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 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: <u>Joe Carosella</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Joe Carosella		May 1, 2006 561-961-1733	