2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2004 8:00 am Secretary of State

NATURE AND TYPED OR PRINTED NAME OF SIGN

DOCUMENT # L02000027261 01-22-2004 90031 028 ****50.00 POMPANO LAND HOLDINGS, LLC Principal Place of Business Mailing Address 1360 N.W. 33RD STREET 1360 N.W. 33RD STREET 24003163 POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State -20-0318709 YT-0932222 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Retterath KLAPHOLZ, JOSEPH P ESQ. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD. SUITE 212 HOLLYWOOD, FL 33020 33432 Zip Code FL 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. Steven Retterath SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change ■ Addition TITLE ☐ Delete TITLE RETTERATH, STEVEN NAME NAME STREET ADDRESS 1466 THATCH PALM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Change - Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: \

WAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #