


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000036496 1. Entity Name PEMBROOK BUSINESS CENTER, LLC	
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Principal Place of Business 121 ALHAMBRA PLAZA, PH1 SUITE 1600 CORAL GABLES, FL 33134 US	Mailing Address 121 ALHAMBRA PLAZA, PH1 SUITE 1600 CORAL GABLES, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA, PH1  
SUITE 1600  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000204230  
01/29/05-80061-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELL, JAMES F JR. 1160 JOHNSON FERRY ROAD ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAHAM, DALE I 121 ALHAMBRA PLAZA, PH1, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH1, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIL, YAZMIN 121 ALHAMBRA PLAZA, PH1, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, W. ALLEN 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  YAZMIN GIL, MANAGER 1/18/05 305-443-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #