



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90037 010 \*\*\*\*50.00

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<b>DOCUMENT # L05000024189</b>			
1. Entity Name POMPANO BEACH BUILDINGS, LLC			
Principal Place of Business % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431		Mailing Address % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431	
2. Principal Place of Business c/o Stephen H. Smith Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105 City & State Miami, FL Zip 33172		3. Mailing Address c/o Stephen H. Smith Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105 City & State Miami, FL Zip 33172	
Country USA		Country USA	
4. FEI Number 352249338		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 OLIVER, BERT R 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Stephen H. Smith Street Address (P.O. Box Number is Not Acceptable) c/o ComReal Miami, Inc. 8725 NW 18th Terrace, Suite 105 City Miami FL Zip Code 33172	
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 1/9/06 (NOTE: Registered Agent signature required when reinstating)			
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	MGR OLIVER, BERT R 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CR Partners XII, LLC 8725 NW 18th Terrace, Suite 105 Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Stephen H. Smith 01/09/06 305-591-3044	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	