

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007484 AF

DOCUMENT # L00000006281

1. Entity Name

POMPANO MANAGEMENT GROUP LLC

FILED

01 APR 25 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060

Mailing Address

1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Not Applicable

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALTON MANAGEMENT, INC.  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name Carlton Management Inc

Street Address (P.O. Box Number is Not Acceptable)  
1591 E Atlantic Blvd.

Suite 200

City

Pompano Beach

FL

Zip Code 33060

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004138584--6  
-05/07/01--01012--021  
\*\*\*2100.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS RAYNER, MARK RONALD  
CITY-ST-ZIP ANNESLEY HOUSE, RECTORY ROAD  
ESSEX, UNITED KINGDOM ☐ Delete

TITLE NAME MGR  
STREET ADDRESS RAYNER, SYLVIA  
CITY-ST-ZIP ANNESLEY HOUSE, RECTORY ROAD  
ESSEX, UNITED KINGDOM ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01

Date

954-993/498

Daytime Phone #

CR2E083 (11/00)