2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006281

1. Entity Name
POMPANO MANAGEMENT GROUP LLC

FILED
03 MAY -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ANNESLEY HOUSE, RECTORY RD. N. FAMBRIDGE CHELMSFORD, ESSEX, UK	1591 E. ATLANTIC BLVD., SUITE 200 POMPANO BEACH, FL 33060

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
360 South Shore Drive		12260 Willow Grove Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Bldg #2	
City & State: Sarasota, FL		City & State: Camden, DE	
Zip: 34234	Country: USA	Zip: 19934	Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

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 ____________________
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 Florida Department of State
Due By May 1, 2003

100018315841
05/07/03--01002--012 **750.00

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAYNER, MARK RONALD		NAME	
STREET ADDRESS	ANNESLEY HOUSE, RECTORY ROAD		STREET ADDRESS	
CITY-ST-ZIP	ESSEX, UNITED KINGDOM,		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAYNER, SYLVIA		NAME	
STREET ADDRESS	ANNESLEY HOUSE, RECTORY ROAD		STREET ADDRESS	
CITY-ST-ZIP	ESSEX, UNITED KINGDOM,		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Mark Ray [signature] 4/28/03 302 698 0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)