

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # L00000014312</b>   |   |   |   |   |   |
| <b>1. Entity Name</b><br>POMPANO BEACH, LLC  |   |   |   |   |   |
| <b>Principal Place of Business</b><br>2800 PONCE DE LEON BLVD., STE. 1125<br>MIAMI FL 33134  |   |   | <b>Mailing Address</b><br>2800 PONCE DE LEON BLVD., STE. 1125<br>MIAMI FL 33134 |   |   |
| <b>2. Principal Place of Business</b>  |   |   | <b>3. Mailing Address</b>   |   |   |
| Suite, Apt #, etc.   |   |   | Suite, Apt #, etc.  |   |   |
| City & State   |   |   | City & State  |   |   |
| Zip  |   | Country   |   | Zip   |   |
| Country  |   | Country   |   | <b>4. FEI Number</b><br>59-1685733                                |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |   |   | <b>\$5.00 Additional Fee Required</b>                             |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SEIF, EVAN D<br>2800 PONCE DE LEON BLVD., STE. 1125<br>MIAMI FL 33134  |   |   | <b>7. Name and Address of New Registered Agent</b>                              |   |   |
| Name   |   |   | Name  |   |   |
| Street Address (P.O. Box Number is Not Acceptable)   |   |   | Street Address (P.O. Box Number is Not Acceptable)                              |   |   |
| City   |   |   | City  |   |   |
| FL   |   |   | Zip Code  |   |   |
| <b>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.</b>   |   |   |   |   |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstalling) _____ <b>DATE</b> _____   |   |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>   |   |   |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>MGR</b><br><b>POMPANO BEACH MANAGER CORP.</b><br><b>300-71ST ST., SUITE 635</b><br><b>MIAMI BEACH FL 33141</b> | <input type="checkbox"/> Delete                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | L000000308145<br>04/15/05-80082-016 50.00                         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b> |   |   |   |   |   |
| <b>SIGNATURE:</b> _____  |   |   | <b>Jerry Miller, Manager</b>  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   | 4/13/05 (305) 868-7222  |   |   |



1st MOORE CR2E083 (10/04)