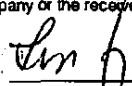


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

04-30-2004 90070 033 ****55.00

DOCUMENT # L00000014712 1. Entity Name CONTRACTORS BUSINESS PARK POMPANO, LLC					
Principal Place of Business 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		34008829 	
04262004 Chg-LLC CR2E083 (10/03)				4. FEI Number 65-1058804	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KAY LAW OFFICES JAMES R. KAY 11505 FAIRCHILD GARDENS AVE STE 203 WEST PALM BEACH, FL 33410			7. Name and Address of New Registered Agent Name KAY LAW OFFICES Street Address (Do Not Leave Blank) JAMES R. KAY 700 VILLAGE SQUARE CROSSING, STE 102B City PALM BEACH GARDENS, FL Zip Code 33410		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLAUTAUR CBPP, LTD. 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: 		LINDA G. KASSOF		04/27/2004 (954) 428-4585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					