LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2003 8:00 am Secretary of State

ONITORIA DOSINESS REPORT (OBN)				06-04-2003 90001 012 ****50.00	
DOCUMENT # L0100000255 1. Entity Name					
PEMBROKE INVESTMENTS, LLC					
				10106720	
DO NOT WRITE IN THIS SPACE					
DO NOT WINTE	= ,11 % £311	OIAC	'		
Principal Place of Business 3. Mailing Address				 }	
777 S. Flagler Drive 2541 Seminole Circ Suite, Apt. #, etc. Suite, Apt. #, etc.			- -	DO NOT WRITE IN THIS	CERACE
Suite 800 West Tower					
City & State West Palm Beach, FL	City & State Palm Beach, FL West Palm Beach, FL			4. FEI Number	Applied For ✓ Not Applicable
Zip Country 33401 USA	Zip 33409	Coun		5. Certificate of Status Desired	
7. Name and Address of Current Registered Age					
DO NOT WRITE				Shapiro	
IN THIS SPACE					
IN THIS CLASE				ler Drive, Suite 800 West Tower	
			City West Palm Beach FL Zip Code 33401		
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 David Shapiro 6/2/03					
SIGNATOR: Poneture, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00					
•	Make Che	CK Payable to Fi	orida Departm	ent of State	
9. MANAGING MEMB	RS/MANAGERS	YVEDI	Sintain Park 20	· · · · · · · · · · · · · · · · · · ·	
David Shapiro, MGRM				Service of the servic	
STREET ADDRESS 2541 Seminole Circle			et address		74 (15)
W. Palm Beach, FL 3340	W. Palm Beach, FL 33409		ST-ZIP		CR2E-0838 (12/02
TITLE	TII Na			: :	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	TITLE	ST - ZIP		
NAME		NAME	į.	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP		2	T ADDRESS ST-ZIP	DO NOT WRI	TE
TITLE		: TITLE	J	IN THIS SPACE	
NAME STREET ADDRESS			T ADDRESS	IN THIS SPACE	- [
CITY-ST-ZIP		· CITY-	ST-ZIP		
TITLE NAME		TITLE Name	•	-	
STREET ADDRESS		STREE	T ADDRESS		
CITY-ST-ZIP			ST-ZIP		
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			T.ADDRESS ST-ZIP		
11. I hereby certify that the information supplied with	this filing does no	t qualify for the even	ention stated in S	Section 119.07(3)(i), Florida Statutes, I further cer	rtify 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 receive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
1/2/01					
SIGNATURE: David Shapiro 6/2/05 BIGNATURE AND TYPED OR PRINTED NAME F SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DBIG DBIG DBIG DBIG DBIG DBIG DBIG DBIG					