2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90073 015 ****50.00

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05212004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
POMPANO PARK BUSINESS PLAZA, L.L.C.

Principal Place of Business	Mailing Address
ADORNO & ZEDER 2601 S BAYSHORE DR STE 1600 MIAMI, FL 33133	ADORNO & ZEDER 2601 S BAYSHORE DR STE 1600 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
8930 S.W. 115th Terrace	8930 S.W. 115th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33176 Country	Zip: 33176 Country

4. FEI Number 65-1098921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
ADORNO & ZEDER
2601 S BAYSHORE DR STE 1600
MIAMI, FL 33133

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARPENT REALTY, LLC C/O ALAN E KRINZMAN 2601 S BAYSHORE DR STE 1600 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alan E. Krinzman 8930 S.W. 115th Street Miami, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Alan E. Krinzman, Mgr 6/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #