2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009325

1. Entity Name
POP DEVELOPMENT LLC

Principal Place of Business	Mailing Address
26 HARBOR PARK DR PORT WASHINGTON, NY 11050	26 HARBOR PARK DR PORT WASHINGTON, NY 11050

DO NOT WRITE IN THIS SPACE

03172004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
52-2365870	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 May 1, 2004

U00000097291
03/26/04-90033-009 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ANTON, PAUL
STREET ADDRESS	26 HARBOR PARK DR
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   3/19/0 4   516 484-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #