

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000026873**

1. Entity Name

**PEMBROKE ENTERPRISES, LLC**



Principal Place of Business

**8315 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223**

Mailing Address

**8315 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, DAVID B  
8315 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MARSHALL, DAVID B  
8315 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U000000502683  
04/25/06-80112-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

**SIGNATURE:**

*David B. Marshall*

*1/6/06*

*941-485-3002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #