

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020151

FILED
Apr 20, 2006
Secretary of State

Entity Name: POMPAÑO INDUSTRIAL PARK, L.L.C.

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD, STE 905
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

1920 E HALLANDALE BEACH BLVD, STE 802
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD, STE 905
HALLANDALE BEACH, FL 33009

New Mailing Address:

1920 E HALLANDALE BEACH BLVD, STE 802
HALLANDALE BEACH, FL 33009

FEI Number: 56-2365519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZRAHI, ALBERTO
1920 E. HALLANDALE BEACH BLVD. STE 905
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MIZRAHI, ALBERTO
1920 E. HALLANDALE BEACH BLVD. STE 802
HALLANDALE, FL 33009 US

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.

SIGNATURE: ALBERTO MIZRAHI

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIZRAHI, ALBERTO
Address: 1920 E HALLANDALE BEACH BLVD, STE 905
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIZRAHI, ALBERTO
Address: 1920 E HALLANDALE BEACH BLVD, STE 802
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO MIZRAHI

OWNE

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date