

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030390

FILED
Apr 29, 2005
Secretary of State

Entity Name: POMPAÑO COMMERCE CENTRE, LLC

Current Principal Place of Business:

5300 N.W. 12TH AVENUE
SUITE 1
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5300 N.W. 12TH AVENUE
SUITE 1
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 57-1181820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANAN, MARIE-FRANCE
5300 N.W. 12 AVENUE
SUITE 1
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: COHEN, STEVEN F
Address: 5300 N.W. 12TH AVENUE, UNIT # 1
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGR () Delete
Name: DANAN, PATRICK
Address: 5300 N.W. 12TH AVENUE, UNIT # 1
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGR () Delete
Name: MERCER, LEONARD J
Address: 5300 NW 12 AVENUE, #1
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK DANAN

MGR

04/29/2005

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