


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90046 001 \*\*\*100.00

DOCUMENT # L04000029369					
1. Entity Name <b>PEMBROKE-DAHARI, LLC</b>					
Principal Place of Business <b>3914 ISLAND ESTATES DRIVE AVENTURA, FL 33161</b>			Mailing Address <b>3914 ISLAND ESTATES DRIVE AVENTURA, FL 33161</b>		
2. Principal Place of Business <b>2439 PEMBROKE ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2439 PEMBROKE ROAD</b> Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD FL</b>		4. FEI Number <b>84-1676211</b>	
Zip <b>33020</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAHARI, ZIO 3914 ISLAND ESTATES DRIVE AVENTURA, FL 33161</b>			7. Name and Address of New Registered Agent Name <b>DAHARI ZION</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, ZION 3914 ISLAND ESTATES DRIVE AVENTURA, FL 33161			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, EZRA <del>3914 ISLAND ESTATES DRIVE</del> AVENTURA, FL 33161			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, EZRA 19501 COUNTRY CLUB DRIVE APT 1212 AVENTURA FL 33161			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, EZRA 19501 COUNTRY CLUB DRIVE APT 1212 AVENTURA FL 33161			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, EZRA 19501 COUNTRY CLUB DRIVE APT 1212 AVENTURA FL 33161			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHARI, EZRA 19501 COUNTRY CLUB DRIVE APT 1212 AVENTURA FL 33161			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 608, Florida Statutes.					
SIGNATURE: <u><i>Zio Dahari</i></u>				Date <u>4.9.06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					