## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L04000034204



**FILED** Apr 20, 2005 8:00 am Secretary of State

Applied Place of Business	PEMBROCKE II DEVELOPMENT LLC						04-20-2005	90034 (	)25 ****5	0.00	
Sutin, Apt. #, etc.    Sutin, Apt. #, etc.   Sutin   S	4318 DOWNTOWNER LOOP NORTH, SUITE E 4318 DOWNTOWNER LOOI			OP NO	RTH, SUITE E						
City & State   City & State   City & State   City & State   Applied For   Applied For   Not   Applied For	2. Principal P	lace of Business	3. Mailing Address	. Mailing Address							
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$500 Actional Fee Required Regular Fee Regular Fee Required Regular Fee	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012005	Chg-LLC	CR2EC	)83 (10/03)		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 can familiar with, and accept the obligations of registered agent.  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 can familiar with, and accept the obligations of registered agent.  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 can familiar with, and accept the obligations of registered agent.  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CITANNES  9. MANAGING MEMBERS/MANAGERS 10. ADDI	City & State		City & State			4. FEI Number	813608		<del></del>		
Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip			Coun	try	5. Certificate of	of Status Desired				
ZIMMERN TOANIEL A 109A EAST GARDEN STREET PENSACOLA, FL 32802  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    Chry   FL   Zip Code	Name and Address of Current Registered Agent				Mana	7. Name and	Address of New Re	gistered a	Agent		
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    December   Decem											
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILING Fee is \$50.00  Due by May 1, 2005  MANAGING MEMBERS / MANAGERS  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  FITTLE MARK Check payable to Privide Department of States  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  FITTLE MARK Check payable to Privide Department of States  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  FITTLE MARK Check payable to Privide Department of States  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  11TLE MARK Check payable to Privide Department of States  11TLE MARK Check payable to Privile Department of States  11TLE MARK Check payable to Privide Department of States  11TLE MARK Check payable t	PENSACOLA, FL 32502							· · · · · · · · · · · · · · · · · · ·	·		
the obligations of registered agent.  SIGNATURE    Priling Fee is \$SO.00   Prioritial Proprietor and time if expolicable.   (NOTE: Registered Agent agreeture regulative)   DATE									•		
Page											
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MALKOVE, BERNARD S	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
TITLE MARKE MALKOVE, BERNARD S STRET ADDRESS CITY-ST-ZP TITLE MABRES MANAGERS STRET ADDRESS CITY-ST-ZP TITLE MABRES STRET ADDRESS CITY-ST-ZP TITLE MABRES STRET ADDRESS CITY-ST-ZP TITLE S	Filing Fee is \$50.00 Due by May 1, 2005				·	2 N	💮 🥎 Florida	Departm	ent of State	1 4 53	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRES	NAME STREET ADDRESS	MALKOVE, BERNARD S 4318 DOWNTOWNER LOOP NORTH, SUITE E ST			E Et address				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		□ Delete	nam Stre	E Et address				☐ Change	Addition	
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11. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.