

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90047 016 \*\*\*\*50.00

<b>DOCUMENT # L04000052644</b> 1. Entity Name <b>PEMBROKE PLACE, LLC</b>					
Principal Place of Business <b>8777 COLLINS AVE.</b> <b>310</b> <b>SURFSIDE, FL 33154 US</b>			Mailing Address <b>8777 COLLINS AVE.</b> <b>310</b> <b>SURFSIDE, FL 33154 US</b>		
2. Principal Place of Business <b>260 95th Street</b> Suite, Apt. #, etc. <b>201</b>		3. Mailing Address <b>260 95th Street</b> Suite, Apt. #, etc. <b>201</b>			
City & State <b>SURFSIDE FL</b>		City & State <b>SURFSIDE FL</b>		4. FEI Number <b>51-0514607</b>	
Zip <b>33154</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEOPOLD, KORN &amp; LEOPOLD, P.A.</b> <b>20801 BISCAYNE BOULEVARD</b> <b>SUITE 501</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name _____ 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</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>TRI-COUNTY URBAN PROPERTIES CORP.</b> <b>8777 COLLINS AVE. # 310</b> <b>SURFSIDE, FL 33154</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DEVELOPMENT DESIGN CONSULTING</b> <b>260 95th ST. # 201</b> <b>SURFSIDE, FL 33154</b>	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/28/06</b> Daytime Phone # <b>(305) 305 3386</b>		