

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056050

FILED
Mar 02, 2006
Secretary of State

Entity Name: PARK PLACE AT POMPANO, LLC

Current Principal Place of Business:

600 BRICKELL AVENUE
SUITE 300Y
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

600 BRICKELL AVENUE
SUITE 300Y
MIAMI, FL 33131

New Mailing Address:

FEI Number: 56-2845811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ-AGUIAR, HENRY A
9415 S.W. 72ND STREET STE. 111-A
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LOPEZ-AGUIAR, HENRY A
9415 S.W. 72ND STREET STE. 119
MIAMI, FL 33173 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: HENRY A. LOPEZ-AGUIAR

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PANIZA, GUILLERRMO MGRM
Address: 600 BRICKELL AVENUE, SUITE 300Y
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: CEPERO, ELOY MGMR
Address: 9415 SUNSET DRIVE, SUITE 111
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CEPERO, ELOY MGMR
Address: 9415 SUNSET DRIVE, SUITE 175
City-St-Zip: MIAMI, FL 33173 US

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: GUILLERMO PANIZA

MGMR

03/02/2006

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