2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058698

Entity Name: POMPANO PLACE, LLC

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O ADEVCO CORPORATION 3867 HOLCOMB BRIDGE ROAD, SUITE 800 NORCROSS, GA 30092 **Current Mailing Address: New Mailing Address:** C/O ADEVCO CORPORATION 3867 HOLCOMB BRIDGE ROAD, SUITE 800 NORCROSS, GA 30092 FEI Number: 20-1467550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KRAXBERGER, DAVID M Name: Name: Address: 3867 HOLCOMB BRIDGE ROAD, SUITE 800 Address: City-St-Zip: NORCROSS, GA 30092 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Title: MGRM () Delete

Name: NEAL, WILLIAM R

Address: 3867 HOLCOMB BRIDGE ROAD, SUITE 800 City-St-Zip: NORCROSS, GA 30092

() Change () Addition

SIGNATURE: DAVID M. KRAXBERGER **MGRM** 04/12/2006

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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