

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066223 1. Entity Name POMPANO BEACH CONDOS, LLC					
Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131				Mailing Address 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 999 Brickell Ave Suite Apt # etc Suite 1002 City & State Miami FL Zip 33131		3. Mailing Address 999 Brickell Ave Suite Apt # etc Suite 1002 City & State Miami FL Zip 33131		06052007 Chg-LLC CR2E083 (12/06) 798 4. FEI Number 20-1606886	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ HUMBERTO L ESQ 999 PONCE DE LEON BLVD PENTHOUSE 1135 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CASTRO, ALVARO 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR De Castro, Alvaro 999 Brickell Ave Ste 1002 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, RAFAEL 1001 BRICKELL BAY DR, SUITE 3104 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Nicolas 999 Brickell Ave Ste 1002 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, NICOLAS 1001 BRICKELL BAY DR SUITE 3104 MIAMI, FL 33131	☐ Delete	500105871655 07/10/07--01042--014 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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: Alvaro De Castro 6/7/07 305 381 8121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					