2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L04000069868

Entity Name: PEMBROKE PINES LLC

Current Principal Place of Business:

1670 VICTORIA POINTE LN
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1670 VICTORIA POINTE LN
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-1673767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZPURUA, LEO
1670 VICTORIA POINTE LN
WESTON, FL 33327 US

Name and Address of New Registered Agent:

DEBRA ZELMAN, ESQUIRE
8000 PETERS ROAD
200
PLANTATION, FL 33324 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: LEO AZPURUA 04/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AZPURUA, MONICA
Address: 1670 VICTORIA POINTE LN
City-St-Zip: WESTON, FL 33324

Title: MGR ( ) Delete
Name: AZPURUA, LEO
Address: 1670 VICTORIA POINTE LN
City-St-Zip: WESTON, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: SEC ( ) Change (X) Addition
Name: LEYLA, PUNZALAN
Address: 1670 VICTORIA POINTE LANE
City-St-Zip: WESTON, FL 33327

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: LEO AZPURUA MGR 04/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date