2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90037 010 ****50.00

C0001428

DOCUMENT # L05000024189

1. Entity Name
POMPANO BEACH BUILDINGS, LLC

Principal Place of Business	Mailing Address
% BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431	% BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431

01092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
c/o Stephen H. Smith		c/o Stephen H. Smith	
Suite, Apt. #, etc.: 8725 N.W. 18th Ter., #105		Suite, Apt. #, etc.: 8725 N.W. 18th Ter., #105	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number 352249338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, BERT R
2060 N.W. BOCA RATON BOULEVARD, SUITE 6
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Stephen H. Smith
Street Address (P.O. Box Number is Not Acceptable): c/o ComReal Miami, Inc.
8725 NW 18th Terrace, Suite 105
City: Miami FL Zip Code: 33172

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 [signature] 1/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	OLIVER, BERT R		NAME	CR Partners XII, LLC	
STREET ADDRESS	2060 N.W. BOCA RATON BOULEVARD, SUITE 6		STREET ADDRESS	8725 NW 18th Terrace, Suite 105	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Manager Stephen H. Smith 01/09/06 305-591-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #