FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90008 035 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027433

1. Entity Name
POMPANO PINE DRIVE, LLC

Principal Place of Business	Mailing Address
1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	1600 SE 9TH STREET FORT LAUDERDALE, FL 33316

04162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3200 S Andrews Ave	3200 S Andrews Ave
Suite, Apt. #, etc. #104	Suite, Apt. #, etc. #104
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33316 Country USA	Zip 33316 Country USA

4. FEI Number 20-2537895 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELO, BARRY & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name Norman Schwartz
Street Address (P.O. Box Number is Not Acceptable) 3200 S Andrews Ave #104
City Ft Lauderdale FL Zip Code 33316

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], MANAGING MEMBER DATE 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHWARTZ, NORMAN E 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	☐ Delete	mgrm Schwartz, Norman E 3200 S Andrews Ave #104 Ft Lauderdale FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHWARTZ, JOSHUA 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	☐ Delete	mgrm Schwartz, Joshua 3200 S Andrews Ave #104 Ft Lauderdale FL 33316	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature], MANAGING MBR 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #