

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027433

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** POMPAÑO PINE DRIVE, LLC

**Current Principal Place of Business:**

1600 SE 9TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

3200 S ANDREWS AVENUE  
#104  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1600 SE 9TH STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

3200 S ANDREWS AVENUE  
#104  
FORT LAUDERDALE, FL 33316

**FEI Number:** 20-2537895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, NORMAN  
3200 S ANDREWS AVENUE #104  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: SCHWARTZ, NORMAN E  
Address: 3200 S ANDREWS AVENUE #104  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: SCHWARTZ, JOSHUA  
Address: 3200 S ANDREWS AVENUE #104  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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:** NORMAN SCHWARTZ

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date