2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-10-2006 90017 017 ****50.00

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1. Entity Name
PEMBROKE LAKES SQUARE, LLC

Principal Place of Business	Mailing Address
ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432	ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432

05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
101 PLAZA REAL SOUTH, SUITE 200	101 PLAZA REAL SOUTH SUITE 200
Suite, Apt. #, etc.: ROYAL PALM PLACE	Suite, Apt. #, etc.: ROYAL PALM PLACE
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-2153347 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAROSELLA, JOE ROYAL PALM PLACE 101 PLAZA REAL SOUTH, SUITE 200 BOCA RATON, FL 33432	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 _________________ Joe Carosella May 1, 2006
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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEMBROKE SQUARE INVESTORS, LLC	NAME	
STREET ADDRESS	101 PLAZA REAL SOUTH, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	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
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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: _________________ Joe Carosella May 1, 2006 561-961-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #