

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074644

Entity Name: G.I. OF POMPANO, LLC

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

12801 W. SUNRISE BLVD. #849
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12801 W. SUNRISE BLVD. #849
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-3148653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EGA, DARREN
4907 NW 106TH AVE
CORAL SPRINGS, FL 33070 US

Name and Address of New Registered Agent:

VEGA, DARREN
4670 W. LEITNER DRIVE
CORAL SPRINGS, FL 33067 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: DARREN VEGA

05/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAIDERMAN, ABRAHAM
Address: 12316 OVER POND WAY
City-St-Zip: POTOMAC, MD 20854

Title: MGRM () Delete
Name: COUREMBIS, JOHN
Address: 1101
City-St-Zip: WASHINGTON, DC 20004

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COUREMBIS, JOHN
Address: 1101 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

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: ABRAHAM ZAIDERMAN

MGRM

05/23/2006

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