

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90132 003 ****55.00

DOCUMENT # L05000116608

1. Entity Name
POMPAÑO BEACH DEVELOPERS, LLC



Principal Place of Business
**3195 N. POWERLINE ROAD
SUITE 112
POMPAÑO BEACH, FL 33069 US**

Mailing Address
**3195 N. POWERLINE ROAD
SUITE 112
POMPAÑO BEACH, FL 33069 US**



2. Principal Place of Business - No P.O. Box #
2501 NW 34TH PLACE

3. Mailing Address
2501 NW 34TH PLACE

Suite, Apt. #, etc.
STE 32

Suite, Apt. #, etc.
STE 32

01052007 Chg-LLC CR2E083 (12/06)

City & State
POMPAÑO BEACH, FL

City & State
POMPAÑO BEACH, FL

4. FEI Number
30-3889405

Applied For
☐ Not Applicable

Zip Country
33069-5930 USA

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33069-5930 USA

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

**THIRER, MARTIN
2950 WEST CYPRESS CREEK ROAD
SUITE 102
FORT LAUDERDALE, FL 33309**

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAMWAY, JAMES
3195 N. POWERLINE ROAD, SUITE 112
POMPAÑO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2501 NW 34th PLACE, STE. 32
POMPAÑO BEACH, FL 33069-5930** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAMWAY, CAROLE
3195 N. POWERLINE ROAD, SUITE 112
POMPAÑO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2501 NW 34th PLACE, STE. 32
POMPAÑO BEACH, FL 33069-5930** ☒ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JAMES HAMWAY

1-8-7

9549731983