

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002150

Entity Name: FLOVEST POMPARNO, LLC

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

120 EAST PALMETTO PARK ROAD  
100  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

## Current Mailing Address:

120 EAST PALMETTO PARK ROAD  
100  
BOCA RATON, FL 33432 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMON, SIGALOS & SPYREDES, PA  
120 EAST PALMETTO PK RD  
100  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

SIMON, SIGALOS & SPYREDES, PA  
3839 NW BOCA RATON BLVD  
100  
BOCA RATON, FL 33431 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: MICHAEL W. SIMON

04/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: BAVELIS, GEORGE A  
Address: 500 SOUTH OCEAN BLVD #1007  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM ( ) Change (X) Addition  
Name: QURESHI, MAHAMMAD A  
Address: 6221 WEST ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063 US

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: GEORGE A. BAVELIS

MGRM

04/23/2007

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