

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90049 045 \*\*\*\*50.00

<b>DOCUMENT # L06000088887</b> 1. Entity Name <b>ANNIE'S PLACE AT POMPANO, L.L.C.</b>					
Principal Place of Business <b>6500 MAUREEN COURT CHEVERLY, MD 20785</b>			Mailing Address <b>6500 MAUREEN COURT CHEVERLY, MD 20785</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>84-1717286</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WARD, LORETTA 1700 NW 6 AVENUE POMPANO BEACH, FL 33060</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUNT, ROBERT L 6500 MAUREEN COURT CHEVERLY, MD 20785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUNT, ANNIE L 6500 MAUREEN COURT CHEVERLY, MD 20785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUNT, ANNIE L 6500 MAUREEN COURT CHEVERLY, MD 20785	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUNT, ANNIE L 6500 MAUREEN COURT CHEVERLY, MD 20785	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Annie L. Blunt</i> <b>Annie L. Blunt</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <i>4/24/07</i> Daytime Phone # <i>301-341-3607</i>					