

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060934

FILED
May 07, 2009
Secretary of State

Entity Name: DER POOL 1 LLC

Current Principal Place of Business:

925 SOUTH FEDERAL HIGHWAY
SUITE 700
BOCA RATON, FL 33432 US

New Principal Place of Business:

617 NORTH 21ST AVENUE
HOLLYWOOD, FL 33020 US

Current Mailing Address:

925 SOUTH FEDERAL HIGHWAY
SUITE 700
BOCA RATON, FL 33432 US

New Mailing Address:

617 NORTH 21ST AVENUE
HOLLYWOOD, FL 33020 US

FEI Number: 26-0319576 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:

GARY, SPIELFOGEL
925 SOUTH FEDERAL HIGHWAY
SUITE 700
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ
999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 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: MITCHELL S. POLANSKY

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPIELFOGEL, GARY P
Address: 925 SOUTH FEDERAL HIGHWAY SUITE 700
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPIELFOGEL, GARY P
Address: 617 NORTH 21ST AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify 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: GARY SPIELFOGEL

MGR

05/07/2009

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