2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State
01-30-2007 90035 020 ****50.00

DOCUMENT # L95000000110

1. Entity Name

WAREHOUSES OF POMPANO BEACH, L.C.

Principal Place of Business	Mailing Address
4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431	4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 E LINTON BLVD	100 E LINTON BLVD
Suite, Apt. #, etc. 503A	Suite, Apt. #, etc. 503A
City & State DELRAY Bch FL.	City & State DELRAY Bch FL
Zip 33483 Country PALM Bch	Zip 33483 Country PALM Bch

4. FEI Number 65-0559412 ☐ Applied For ☐ Not Applicable

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
PRINCE, ALLEN 4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MEM PRINCE, ALLEN 4400 N FEDERAL HWY #210 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MEM PRINCE, ELAYNE 4400 N FEDERAL HWY #210 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elayne Prince 1/18/07 561 3948999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #