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

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

1st MOORE CR2E083 (10/06)

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 ☐ Delete PRINCE, ALLEN 4400 N FEDERAL HWY #210 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MEM ☐ Delete PRINCE, ELAYNE 4400 N FEDERAL HWY #210 BOCA RATON FL 33431	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
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

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: _____ 1/18/07 561 394 8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #