


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 JAN 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001827					
1. Entity Name POMPANO LAND, L.L.C.					
Principal Place of Business 600 W. PEACHTREE STREET SUITE 1200 ATLANTA, GA 30308			Mailing Address C/O G. MAYNARD- 600 W. PEACHTREE STREET SUITE 1200 ATLANTA, GA 30308		
2. Principal Place of Business 4001 Presidential Pkwy Suite, Apt. #, etc. S. 1512			3. Mailing Address 4001 Presidential Pkwy Suite, Apt. #, etc. S. 1512		
City & State Atlanta GA			City & State Atlanta GA		
Zip 30340		Country DeKalb		4. FEI Number 58-2421261	
6. Name and Address of Current Registered Agent ROSEN, MARK L ESQ. 18250 NW 2ND AVENUE SUITE C MIAMI, FL 33169				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOHOURI, FRED 600 W. PEACHTREE STREET, SUITE 1200 ATLANTA, GA 30308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGR Fred S. Zohouri 4001 Presidential Pkwy #1512 Atlanta GA 30340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300045522683 01/27/05--01048--002 **2022.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				MGR 01/18/05 6785971300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

\$205.00