

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L99000000905

**FILED**  
**Jul 30, 2008**  
**Secretary of State**

**Entity Name:** PEMBROKE REAL ESTATE PARTNERS, L.L.C.

**Current Principal Place of Business:**

2801 SOUTH PARK ROAD  
PEMBROKE PARK, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

59 LAKE DRIVE  
HIGHTSOWN, NJ 08520

**New Mailing Address:**

**FEI Number:** 22-3727899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORETSKY, MICHAEL  
2801 SOUTH PARK ROAD  
PEMBROKE PARK, FL 33009 US

**Name and Address of New Registered Agent:**

LICHTMAN, CHARLES H  
350 EAST LAS OLAS BOULEVARD  
SUITE 1000  
FORT LAUDERDALE, FL 33301 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: CHARLES H. LICHTMAN

07/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KORETSKY, MICHAEL  
Address: 59 LAKE DRIVE  
City-St-Zip: HIGHTSTOWN, NJ 08520

Title: MGR ( ) Delete  
Name: KORETSKY, FRANK  
Address: 59 LAKE DRIVE  
City-St-Zip: HIGHTSTOWN, NJ 08520

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL KORETSKY

MGR

07/30/2008

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