2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000004921

1. Entity Name
POMPANO PROFESSIONAL BUILDING, L.L.C.

Principal Place of Business	Mailing Address
99 W. HAWTHORNE AVE. STE 218 VALLEY STREAM, NY 11580	PO BOX 460 VALLEY STREAM, NY 11582

DO NOT WRITE IN THIS SPACE

01072008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
11-3502716	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B
SHAPIRO & DECTOR, P.A.
7777 GLADES ROAD SUITE 200
BOCA RATON, FL 33434

DO NOT WRITE
IN THIS SPACE

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 $138.75
After May 1, 2008 Fee will be $538.75

U00000811253
02/11/08-80019-008 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WIENER, DANIEL
STREET ADDRESS	99 W. HAWTHORNE AVE. STE 218
CITY-ST-ZIP	LYNBROOK, NY 11563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Daniel W____ MEMBER   1/18/08 516 593-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

DANIEL WIENER