

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90018 035 ****50.00

DOCUMENT # L99000005717

1. Entity Name

POMPANO BEACH RESORT DEVELOPMENT GROUP, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 S. OCEAN BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

1350 S. OCEAN BOULEVARD

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

4. FEI Number

65-0947342

Applied For

Not Applicable

Zip

33062

Country

US

Zip

33062

Country

US

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GREGORY J. BLODIG, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

100 W. CYPRESS CREEK ROAD, SUITE 700

City

FORT LAUDERDALE

FL

**Zip Code
33309**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FEBRUARY 11, 2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER

JAMES VERRILLO

2419 E. COMMERCIAL BOULEVARD, #100

FORT LAUDERDALE, FLORIDA 33308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER

DANIEL LAMBERT

2419 E. COMMERCIAL BOULEVARD, #100

FORT LAUDERDALE, FLORIDA 33308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER

CHRISTINA HEYDEN

2419 E. COMMERCIAL BOULEVARD, #100

FORT LAUDERDALE, FLORIDA 33308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/11/02

DATE

954-630-9449

DAYTIME PHONE #

CR2E083B (12/01)