## 2004 LIMITED LIABILITY COMPANY

## Apr 26, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L99000005717** POMPANO BEACH RESORT DEVELOPMENT GROUP Principal Place of Business Mailing Address 1350 S. OCEAN BLVD. 2419 E. COMMERCIAL BOULEVARD, SUITE 100 POMPANO BEACH, FL 33062 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-0947342 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE, FL 33309 Zip Code City 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 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANCES-A MGR TITLE TITLE VERRILLO, JAMES NAME NAME 2419 E. COMMERCIAL BLVD., #100 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☐ Change ☐ Deiele TITLE TITLE LAMBERT, DANIEL NAME U00000128282 04/26/04-80031-020 50.00 STREET AGDRESS STREET ADDRESS 2419 E. COMMERCIAL BLVD. CITY - ST - ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE Oelete TITLE Change ∏ Addition HEYDEN, CHRISTINA NAME NAME 2419 E. COMMERCIAL BLVD., #100 STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☐ Delete TID F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP C!TY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**