

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 010 \*\*\*\*50.00

**DOCUMENT # L99000005717**

1. Entity Name

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



Principal Place of Business

**2419 E. COMMERCIAL BOULEVARD, SUITE 100  
FORT LAUDERDALE FL 33308**

Mailing Address

**2419 E. COMMERCIAL BOULEVARD, SUITE 100  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**1350 South Ocean Blvd**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip

**33062**

Country

Zip

Country

4. FEI Number

**65-0947342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J  
100 W CYPRESS CREEK RD  
SUITE 700  
FT LAUDERDALE FL 33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAMBERT, DANIEL  
100 WEST CYPRESS CREEK RD, STE 700  
FT LAUDERDALE FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HEYDEN, CHRISTINA  
100 W. CYPRESS CREEK RD., STE 700  
FT. LAUDERDALE FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VERRILLO, JAMES  
2419 E. COMMERCIAL BLVD., #100  
FT. LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAMBERT, DANIEL  
2419 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O  
HEYDEN, CHRISTINA  
2419 E. COMMERCIAL BLVD., #100  
FT. LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #

*Christina Heyden CFO*

**4/24/03**

**954.630-4449**

CR2E083 (10/02)

0024014