


FILED
Apr 07, 2008 08:00 AM
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000004325		
1. Entity Name STEIN FAMILY POMPANO PROPERTY, LLC		
Principal Place of Business C/O FREDRIC C. STEIN 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308-3200		Mailing Address C/O FREDRIC C. STEIN 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308-3200
DO NOT WRITE IN THIS SPACE		
		03202008No Chg-LLC CR2E083 (12/07)
4. FEI Number 30-0215595		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROUCH, RANDALL C/O RAUCH WEAVER NORFLEET KUTZ & CO. 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308-3200		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
000000832240 04/16/08-80033-003 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, FREDRIC C 124 BRADLEY AVENUE WHITE PLAINS, NY 10607	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, JONAS P WINDSOR HILL D-31 WATERVILLE VALLEY, NH 03215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNSTEIN, DOROTHY G 420 EAST 72ND STREET, #4H NEW YORK, NY 10021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
Date _____ Daytime Phone # _____		