

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004325

FILED  
Apr 01, 2010  
Secretary of State

Entity Name: STEIN FAMILY POMPANO PROPERTY, LLC

**Current Principal Place of Business:**

C/O FREDRIC C. STEIN  
5300 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 333083200

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FREDRIC C. STEIN  
5300 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 333083200

**New Mailing Address:**

C/O FORTIS SOUTHEAST, LLC  
7040 W PALMETTO PARK ROAD, #4654  
BOCA RATON, FL 33433

FEI Number: 30-0215595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROUCH, RANDALL  
C/O RAUCH WEAVER NORFLEET KUTZ & CO.  
5300 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 333083200 US

**Name and Address of New Registered Agent:**

RAUCH, RANDALL  
C/O RAUCH WEAVER NORFLEET KUTZ & CO.  
5300 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 333083200 US

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: RANDALL RAUCH

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEIN, FREDRIC C  
Address: 124 BRADLEY AVENUE  
City-St-Zip: WHITE PLAINS, NY 10607

Title: MGRM  
Name: STEIN, JONAS P  
Address: WINDSOR HILL D-31  
City-St-Zip: WATERVILLE VALLEY, NH 03215

Title: MGRM  
Name: BERNSTEIN, DOROTHY G  
Address: 420 EAST 72ND STREET, #4H  
City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FREDRIC C. STEIN

MGRM

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date