2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90109 021 ****50.00

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03292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M04000002538

1. Entity Name
CP PEMBROKE PINES, LLC

Principal Place of Business	Mailing Address
2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203	2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3850 Hollywood Blvd	3850 Hollywood Blvd
Suite, Apt. #, etc. #400	Suite, Apt. #, etc. #400
City & State Hollywood, Fl	City & State Hollywood Fl
Zip 33021 Country USA	Zip 33021 Country USA

4. FEI Number 63-1096488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Robert M. Cornfeld
Street Address (P.O. Box Number is Not Acceptable) 3850 Hollywood Blvd #400
City Hollywood FL Zip Code 33021

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]
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	LOWDER, THOMAS H		NAME	CORNFELD, Robert M	
STREET ADDRESS	2101 SIXTH AVENUE NORTH, STE. 750		STREET ADDRESS	3850 Hollywood Blvd #400	
CITY-ST-ZIP	BIRMINGHAM, AL 35203		CITY-ST-ZIP	Hollywood, Fl 33021	
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMPSON, C. REYNOLDS III		NAME		
STREET ADDRESS	2101 SIXTH AVENUE NORTH, STE. 750		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35203		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3/19/07 (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert M Cornfeld