

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005291

FILED  
May 07, 2006  
Secretary of State

Entity Name: PEMBROKE PROPERTIES, LLC

**Current Principal Place of Business:**

2 OAK STREET EAST  
EAST FARMINGDALE, NY 11735

**New Principal Place of Business:**

**Current Mailing Address:**

2 OAK STREET EAST  
EAST FARMINGDALE, NY 11735

**New Mailing Address:**

FEI Number: 14-1906297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STEWART, MICHAEL  
4703 SW 185 AVE.  
MIRAMAR, FL 33029      US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LORD, THOYWELL A  
Address: 2 OAK STREET EAST  
City-St-Zip: EAST FARMINGDALE, NY 11735

Title: MGRM ( ) Delete  
Name: STEWART, MICHAEL  
Address: 4703 SW 185TH STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete  
Name: LORD, GARY A  
Address: 115-47 224 STREET  
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

Title: MGRM ( ) Delete  
Name: LORD, OSWALD T  
Address: 109-50 212 STREET  
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

Title: MGRM ( ) Delete  
Name: LORD, IAN  
Address: 109-50 212 STREET  
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

Title: MGRM ( ) Delete  
Name: LORD, JACQUELINE S  
Address: 115-47 224 STREET  
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOYWELL A LORD

MGRM

05/07/2006

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