## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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## FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90020 024 \*\*\*\*50.00

Principal Place of Business  \$11 MASHMETON STREET, SUITE 101 NORMOROUN AND CORRES  2. Principal Place of Business  Suite. April 101 NORMOROUN AND CORRES  Suite. April 101 Normore Corresponded Correspo	1. Entity Name POMPANO BEACH REVITALIZATION, LLC										
Sulla, Apil. 4, etc.    Sulla, Apil. 4, etc.	511 WASHINGTON STREET, SUITE 101			511 WASHINGTON STREET, SUITE 101							
City & State  Country  Securitization of Status Desired  Securitization of Status States  Fee Recursion  Fee Recursion  Fee Recursion  Securitization of Status States  City FL  City Code  8. The above named entire submits this statements for the purpose of changing its registered adjace.  Securitization of registered again.  States advanced again.  St	2. Principal P	Place of Business	S	3. Mailing Address							
20-3898063   Not Applicable   St. Outside	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03082006	Chg-LLC	CR2E083 (1,1/05)	)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GRINDL WILLIAM 204 NORTH VILLAGE STREET  CELEBRATION, FL 34747  City  FL Zip Code  6. The above remed entity submits this slattement for the purpose of changing its registered office or registered agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Filling Fee is \$50.00  Bu by May 1, 2006  Make check payable to Florida Device with a submit of State of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with, and accept with the state of Roids. I am familiar with a state of Roids. I am familiar with and accept with the state of Roids. I am familiar with a state of	City & Stat	8		City & State			<b>I</b>		<b>├</b>		
STRINDL WILLIAM 204 NORTH VILLAGE STREET CELEBRATION, FL 34747  City FL Zip Code  8. The above named entry submits his 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 me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida.  SIGNATURE  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  Make check payable to Florida Department of State  Priorida Department of State  FILING Fee is \$50.00  FILING Fee is \$50.00  Due by May 1, 2006  FILING Fee is \$50.00  FILING Fee is \$50.00	Zip		Country	Zip	Countr	ÿ	5. Certificat	e of Status Desired			
GRINDL WILLIAM  20 A NORTH VILLAGE STREET  CELEBRATION, FL 34747  City  FL  20 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 Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept interesting of registered agent, or both, in the State of Forda. I am familiar with, and accept in the state accept agent		6. Name ал	d Address of Current R	egistered Agent			7. Name an	d Address of New Reg	jistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Pioida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	204 NORT	'H VILLAGE				dress (P.O. Box Numl	(P.O. Box Number is Not Acceptable)				
THE SQUARE PROPERTY IN THE PROPERTY AND AGENCE OF THE PROPERTY AND AGENCE O				City					FL Zip Cod	de	
Filing Fee is \$50.00 Due by May 1, 2006    Part											
### Pilling Fae is \$50.00    Due by May 1, 2006   Brorida Department of State	SIGNATURE Signature, typed or printed name of agretiered agent and bite if applicable (NOTE, Registered Agent agent and agent agrature required when reinstating)  DATE										
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