## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M06000006284

1. Entity Name
202 POMPANO BEACH LLC

FILED Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OF

2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105 Mailing Address

2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105



02202008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

| 4. FEI Number                    |       |   | Applied For    |
|----------------------------------|-------|---|----------------|
| NOT APPLICABLE                   |       |   | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 | - | Additional     |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

|   |   | * ' : '  |
|---|---|--|
|   | named entity submits this statement for the purpose of changing its registe<br>tions of registered agent. | red office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE                                       | Signature, typed or printed name of registered agent and little if applicable (NOTE Register              | ad Againt argnature required when reinstating) DATE  |
| FiLE<br>After May                               | NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | MGRM BABCOCK & BROWN STORAGE SPECIALIST FUNDING 2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105      | U00000882270   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           |   | 04/16/08-80034-008 138.75  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           |   | DO NOT WRITE   |
| NAME STREET ADDRESS CITY-ST-ZIP                 |   | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE