


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90100 029 ****50.00

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L02000026172 1. Entity Name 9405 E. BROADVIEW DRIVE LLC |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business: 801 BRICKELL AVE., STE. 2350 MIAMI FL 33131 | Mailing Address: 801 BRICKELL AVE., STE. 2350 MIAMI FL 33131 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

14027008



MOORE CR2E083 (4/04)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BUSSEL, JOHN-M
801 BRICKELL AVE., STE. 2350
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE: MGR NAME: BUSSEL, JOHN M STREET ADDRESS: 801 BRICKELL AVE., SUITE 2350 CITY-ST-ZIP: MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Busse Date: 7/26/04 Daytime Phone #: 305-358-5941